CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

TP

NAME OF FILER (LAST) GARBARINO By FPPC (FIRST) RICHARD (MIDDLE) A

1. Office, Agency, or Court

Agency Name
SO.S.F. CONFERENCE AUTHORITY BOARD OF DIRECTORS-VOTING MEMBER
Division, Board, Department, District, if applicable — Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of SOUTH SAN FRANCISCO
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

☒ **Assuming Office:** Date 03/07/2011

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

○ The period covered is January 1, 2010, through the date of leaving office.

○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** _____

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☒ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

5.

I have used all reasonable diligence in preparing this statement. I have reviewed this s
herein and in any attached schedules is true and complete. I acknowledge this is a p

I certify under penalty of perjury under the laws of the State of California that th

Date Signed March 28, 2011 *(month, day, year)* **Signature**

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
RICHARD GARBARINO

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
GENENTECH
ADDRESS *(Business Address Acceptable)*
1 DNA WAY SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/04/10	$ 103.00	DINNER
/ /	$	
/ /	$	

► NAME OF SOURCE
SO.S.F. SCAVENGERS
ADDRESS *(Business Address Acceptable)*
500 E. JAMIE CT. SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/05/10	$ 50.00	GIFT BASKET
/ /	$	
/ /	$	

► NAME OF SOURCE
KAISER PERMANENTE
ADDRESS *(Business Address Acceptable)*
1200 EL CAMINO REAL SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
SAMCEDA ANNUAL LUNCHEON

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/21/10	$ 75.00	LUNCH
/ /	$	
/ /	$	

► NAME OF SOURCE
POLETTI REALTY
ADDRESS *(Business Address Acceptable)*
333 EL CAMINO REAL SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/10/10	$ 284.06	2 HOLIDAY DINNERS
/ /	$	
/ /	$	

► NAME OF SOURCE
SO.S.F. SCAVENGERS
ADDRESS *(Business Address Acceptable)*
500 E. JAMIE CT SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/04/10	$ 110.06	2 HOLIDAY DINNERS
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GARBARINO	RICHARD	A

1. Office, Agency, or Court

Agency Name: CITY OF SOUTH SAN FRANCISCO

Division, Board, Department, District, if applicable

Your Position: COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of SOUTH SAN FRANCISCO
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

○ The period covered is January 1, 2010, through the date of leaving office.

○ The period covered is ___/___/___, through the date of leaving office.

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** _____

- ☐ **Schedule A-1** - *Investments* – schedule attached
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- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☒ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-18-2011 *(month, day, year)*

Signature (d)(5)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
RICHARD GARBARINO

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
GENENTECH
ADDRESS *(Business Address Acceptable)*
1 DNA WAY SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/04/10	$ 103.00	DINNER
/ /	$	
/ /	$	

► NAME OF SOURCE
SO.S.F. SCAVENGERS
ADDRESS *(Business Address Acceptable)*
500 E. JAMIE CT. SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/05/10	$ 50.00	GIFT BASKET
/ /	$	
/ /	$	

► NAME OF SOURCE
KAISER PERMANENTE
ADDRESS *(Business Address Acceptable)*
1200 EL CAMINO REAL SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
SAMCEDA ANNUAL LUNCHEON

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/21/10	$ 75.00	LUNCH
/ /	$	
/ /	$	

► NAME OF SOURCE
POLETTI REALTY
ADDRESS *(Business Address Acceptable)*
333 EL CAMINO REAL SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/10/10	$ 284.06	2 HOLIDAY DINNERS
/ /	$	
/ /	$	

► NAME OF SOURCE
SO.S.F. SCAVENGERS
ADDRESS *(Business Address Acceptable)*
500 E. JAMIE CT SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/04/10	$ 110.06	2 HOLIDAY DINNERS
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) GARBARINO (FIRST) RICHARD (MIDDLE) A

TP

1. Office, Agency, or Court

Agency Name
CITY OF SOUTH SAN FRANCISCO
Division, Board, Department, District, if applicable

Your Position COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: SO. S.F. CONFERENCE AUTHORITY Position: BOARD OF DIRECTORS - DIRECTOR

2. Jurisdiction of Office *(Check at least one box)*

☐ State
☐ Multi-County _____
☐ City of _____
☐ Judge (Statewide Jurisdiction)
☐ County of _____
☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

○ The period covered is January 1, 2010, through the date of leaving office.

○ The period covered is ___/___/___, through the date of leaving office.

☒ **Assuming Office:** Date 03/07/2011 CONFERENCE CENTER

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** _____

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☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

(d)(5)

Date Signed June 14, 2011 *(month, day, year)*

Signature

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Genentech
ADDRESS (Business Address Acceptable)
1 DNA WAY SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/04/10	$ 103.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
SO.S.F. Scavengers
ADDRESS (Business Address Acceptable)
500 E. Jamie Ct. SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/05/10	$ 50.00	Gift Basket
/ /	$	
/ /	$	

► NAME OF SOURCE
Kaiser Permanente
ADDRESS (Business Address Acceptable)
1200 EL CAMINO REAL SO.S.F
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/21/10	$ 75.00	Lunch
/ /	$	
/ /	$	

► NAME OF SOURCE
Poletti Realty
ADDRESS (Business Address Acceptable)
333 EL CAMINO REAL SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/10/10	$ 284.00	2 holiday dinners
/ /	$	
/ /	$	

► NAME OF SOURCE
SO.S.F. Scavengers
ADDRESS (Business Address Acceptable)
500 E. Jamie Ct. SO.S.F.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/04/10	$ 110.00	2 holiday dinners
/ /	$	
/ /	$	

Verification

Print Name RICHARD GARBARINO

Office, Agency or Court City Council

Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving ☐ ____ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed June 14 2011

(d)(5)

Signature

Comments: