

RECEIVED
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COVER PAGE

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Please type or print in ink.

NAME OF FILER

Gonzalez

(LAST)

By [Signature]

(FIRST)

Pedro

CLERK FEB 15 11 PM 2:07

1. Office, Agency, or Court

Agency Name

City of South San Francisco

Council Member

Division, Board, Department, District, if applicable

Your Position

SSF City Council

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

Agency: (a) HEART (b) ABAG

Position: (a) Board member, (b) Alternate Bd. Mem.

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

State

Judge (Statewide Jurisdiction)

Multi-County ABAG

County of San Mateo, HEART

City of South San Francisco

Other

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

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

Leaving Office: Date Left ____/____/____
(Check one)

-or-

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

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

Assuming Office: Date ____/____/____

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

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: _____

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

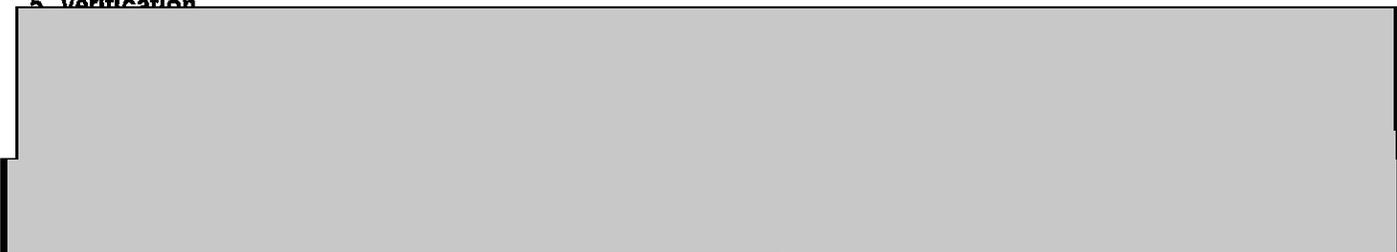
Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



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

Date Signed

02/16/2011
(month, day, year)

Signature



TP

SCHEDULE D
Income – Gifts

Name
 Pedro Gonzalez

▶ NAME OF SOURCE
Basque Cultural Center Anniversary
 ADDRESS (Business Address Acceptable)
599 Railroad Ave. SSF, CA 94080
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Anniversary celebration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 12 / 10</u>	<u>\$ 50.00</u>	<u>2 dinners, \$25 each</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Miguel Nava
 ADDRESS (Business Address Acceptable)
509 Hillside Blvd., SSF, CA 94080
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball game

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 18 / 10</u>	<u>\$ 172.00</u>	<u>2 tickets, \$86 each</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
SAMCEDA Annual Luncheon
 ADDRESS (Business Address Acceptable)
One Waters Park Drive, 101, San Mateo, CA 94403
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 21 / 10</u>	<u>\$ 75.00</u>	<u>1 lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Gimbal's Fine Candies
 ADDRESS (Business Address Acceptable)
250 Hillside Blvd., SSF, CA 94080
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 10</u>	<u>\$ 30.10</u>	<u>Candy gift</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
SSF Scavenger Co.
 ADDRESS (Business Address Acceptable)
500 E. Jamie Court, SSF, CA 94080
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Holiday Celebration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 10</u>	<u>\$ 110</u>	<u>2 dinners \$55 each</u>
<u>12 / 04 / 10</u>	<u>\$ 20.00</u>	<u>Lantern</u>
<u>12 / 22 / 10</u>	<u>\$ 50.00</u>	<u>Christmas gift bag</u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____