

2010 AN

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CITY OF SOLVANG

2011 FEB -2 PM 4: 20

TP

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Richardson		James	D

1. Office, Agency, or Court

Agency Name  
 City of Solvang  
 Division, Board, Department, District, if applicable  
 City Council  
 Your Position  
 Mayor

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Solvang  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 12 / 13 / 10  
 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.  
 Candidate: Election Year 2010 Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."  
 ▶ Total number of pages including this cover page: 2

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-  
 None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 1-20-11  
(month, day, year)

Signature

**SCHEDULE D**  
**Income – Gifts**

Name  
James D. Richardson

▶ NAME OF SOURCE  
Solvang Chamber of Commerce  
 ADDRESS (Business Address Acceptable)  
1693 Mission Dr. Solvang, Ca 93463  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Civic Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 24 / 10</u>	<u>\$ 90.00</u>	<u>Meal w/ Spouse</u>
<u>02 / 25 / 10</u>	<u>\$ 50.00</u>	<u>Meal w/Spouse</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Mission Santa Inez  
 ADDRESS (Business Address Acceptable)  
1760 Mission Dr. Solvang, Ca 93463  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Religious Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 14 / 10</u>	<u>\$ 50.00</u>	<u>Meal w/Spouse</u>
<u>04 / 13 / 10</u>	<u>\$ 30.00</u>	<u>Meal w/Spouse</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
United Way Of Northern Santa Barbara County  
 ADDRESS (Business Address Acceptable)  
1660 S. Broadway Santa Maria, Ca 93454  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 31 / 10</u>	<u>\$ 30.00</u>	<u>Lunch</u>
<u>06 / 24 / 10</u>	<u>\$ 25.00</u>	<u>Lunch</u>
<u>09 / 24 / 10</u>	<u>\$ 30.00</u>	<u>Lunch</u>

▶ NAME OF SOURCE  
Norman Anderson  
 ADDRESS (Business Address Acceptable)  
281 Oster Sted Solvang, Ca 93463  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 10</u>	<u>\$ 100.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
United Way of Northern Santa Barbara County  
 ADDRESS (Business Address Acceptable)  
1660 S. Broadway Santa Maria, Ca 93454  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 02 / 10</u>	<u>\$ 200.00</u>	<u>Mayor's Ball</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Greka Energy Co.  
 ADDRESS (Business Address Acceptable)  
1660 Sinton Rd. Santa Maria, Ca 93458  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Energy Production

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 21 / 10</u>	<u>\$ 100.00</u>	<u>Meal w/ Spouse</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: \_\_\_\_\_