

**RECEIVED**  
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Please type or print in ink.

NAME OF FILER (LAST) SCHNEIDER (FIRST) HELENE CITY OF SANTA BARBARA (MIDDLE) BARBARA  
CITY CLERK'S OFFICE

**1. Office, Agency, or Court**

Agency Name CITY COUNCIL / REDEVELOPMENT AGENCY  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position MAYOR / CHAIR

► 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 SANTA BARBARA
- 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 \_\_\_\_\_ 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: 6
- 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



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

Date Signed Feb 22, 2011  
(month, day, year)

Signature





**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE  
CITY OF SANTA BARBARA  
 ADDRESS (Business Address Acceptable) SANTA BARBARA  
735 ANACAPA ST. CA 93102  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
MUNICIPAL GOVERNMENT AGENCY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/02/10</u>	<u>\$ 95<sup>00</sup></u>	<u>WATERFRONT PARKING PASSES</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
PASTOR DALE SWANSON - NEW LIFE CHURCH  
 ADDRESS (Business Address Acceptable) SANTA BARBARA  
50 E. ADAMAR CA 93105  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CHURCH

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/28/10</u>	<u>\$ 75<sup>00</sup></u>	<u>BASKET W/ FOOD + \$15 GIFT CERTIFICATE TO SANDWICH SHOP</u>
<u>12/15/10</u>	<u>\$ 50<sup>00</sup></u>	<u>SAME</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
WHOLE FOODS MARKET  
 ADDRESS (Business Address Acceptable) SANTA BARBARA  
3761 STATE STREET CA 93105  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
FOOD MARKET

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/28/10</u>	<u>\$ 55<sup>00</sup></u>	<u>FOOD BASKET</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
CASA ESPERANZA  
 ADDRESS (Business Address Acceptable) SANTA BARBARA  
806 CACIQUE STREET. 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
HOMELESS SHELTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/4/10</u>	<u>\$ 150<sup>00</sup></u>	<u>TICKET TO SPOUSE FOR FUNDRAISER EVENT</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
SANTA BARBARA INT'L FILM FESTIVAL  
 ADDRESS (Business Address Acceptable) SANTA BARBARA  
1625 CHARALA ST. CA 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
FILM FESTIVAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/4/10</u>	<u>\$ 120<sup>00</sup></u>	<u>Two (2) TICKETS OPENING NIGHT</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
CONTEMPORARY ARTS FORUM  
 ADDRESS (Business Address Acceptable) SANTA BARBARA  
653 PASAD NUEVO CA 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ART GALLERY - NON PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/6/10</u>	<u>\$ 75<sup>00</sup></u>	<u>TICKET TO SPOUSE FOR FUNDRAISER EVENT</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE  
AVP PRO BEACH VOLLEYBALL TOUR  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
PRO VOLLEYBALL TOUR  

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/29/10</u>	<u>\$ 50<sup>00</sup></u>	<u>PASS TO EVENT</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
JACQUES HABRA / NOOSPHERIC  
 ADDRESS (Business Address Acceptable) SANTA BARBARA  
27 W. ANAPAMU ST CA 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
BUSINESS CONSULTING  

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/12/10</u>	<u>\$ 150<sup>00</sup></u>	<u>TICKET TO ARTHRITIS FOUNDATION FUNDRAISER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
CITY VENTURES  
 ADDRESS (Business Address Acceptable) LOS ANGELES, CA 90067  
2000 AVE. OF THE STARS 9th FL S.  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
HOUSING  

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/15/10</u>	<u>\$ 75<sup>00</sup></u>	<u>DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
SANTA BARBARA SYMPHONY  
 ADDRESS (Business Address Acceptable) SANTA BARBARA  
1330 STATE ST. CA 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SYMPHONY ORCHESTRA  

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/16/10</u>	<u>\$ 200<sup>00</sup></u>	<u>2 TICKETS TO SPOUSE + SELF TO PERFORMANCE</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
ATHLETICS DEPT. UNIV. OF CA SANTA BARBARA  
 ADDRESS (Business Address Acceptable) SANTA BARBARA, CA 93106  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ATHLETICS DEPT  

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/10/10</u>	<u>\$ 50<sup>00</sup></u>	<u>Two (2) tickets to NCAA semi-finals</u>
<u>10/10/10</u>	<u>\$ 34<sup>00</sup></u>	<u>2 sweatshirt</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  

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

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
HELENE SCHNEIDER

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE  
LEAGUE OF CALIFORNIA CITIES

ADDRESS (Business Address Acceptable)  
1400 K STREET # 400

CITY AND STATE  
SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
LOCAL GOVERNMENT ASSOCIATION

DATE(S): 4/8/10 - \_\_\_\_\_ AMT: \$ 34.21  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: MEAL REIMBURSEMENT

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

CITY AND STATE  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 \_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

CITY AND STATE  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 \_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

CITY AND STATE  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 \_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

Comments: MEAL REIMBURSEMENT FOR PARTICIPATING ON THE  
LEAGUE OF CALIFORNIA CITIES ENVIRONMENTAL QUALITY  
POLICY COMMITTEE