

COVER PAGE

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TP

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
TRAGARZ NANCY

CITY OF WALNUT
CITY CLERKS OFFICE

1. Office, Agency, or Court

Agency Name

CITY OF WALNUT

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL MEMBER

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

WALNUT IMPROVEMENT AGENCY/HOUSING AUTHORITY/

Agency: PUBLIC FINANCING AUTHORITY

Position: AGENCY/AUTHORITY MEMBER

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

- State
- Multi-County _____
- City of WALNUT
- 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 • one •

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-

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 2/13/11
(month, day, year)

Signature

SCHEDULE D
Income Gifts

Name
Nancy PienneTragare

▶ NAME OF SOURCE
Councilman James Bozajian
 ADDRESS (Business Address Acceptable)
City of Calabasas
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Via. Contract Cities Seminar Raffle prize

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 18, 10</u>	<u>\$ 100</u>	<u>gift card to Fish House</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Renaissance Hotel
 ADDRESS (Business Address Acceptable)
44400 Indian Wells Ln.
Indian Wells, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Via Contract Cities Raffle prize

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 9, 10</u>	<u>\$ 200</u>	<u>1 night stay</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Joseph Kung
 ADDRESS (Business Address Acceptable)
20866 E. Qual Run Dr. Diamond Bar
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
coffee, snacks
Political Fundraiser Event Van Tran

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 6, 10</u>	<u>\$ 250</u>	<u>political fundraiser ticket</u>
___/___/___	\$ _____	<u>afternoon event</u>
___/___/___	\$ _____	<u>light refreshments</u>
___/___/___	\$ _____	<u>for Van Tran</u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____