

STATEMENT OF ECONOMIC INTERESTS

RECEIVED OFFICE OF
CITY OF EL CAJON CA
Date Received
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FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE STATION (TN)

2013 FEB 26 P 1:16

Please type or print in ink.

2012 MAY -2 AM 11:23

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kendrick Gary Paul

1. Office, Agency, or Court

Agency Name
City of El Cajon
Division, Board, Department, District, if applicable
Your Position
Councilmember

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

Agency: Heartland Fire Communications/Heartland Training
Authority Authority
Position: Commissioner

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of San Diego
- City of El Cajon Other

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- Leaving Office: Date Left ____/____/____ (Check one)
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 5
- Schedule A-1 - 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
- None - No reportable interests on any schedule



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

Date Signed 02/25/2013
(month, day, year)

SCHEDULE D Income - Gifts

Name
Gary Kendrick

▶ NAME OF SOURCE *(Not an Acronym)*
San Diego Musical Theatre

ADDRESS *(Business Address Acceptable)*
4652 Mercury St

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Musical Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 12	\$ 100	theatre tickets
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____