

COVER PAGE
RECEIVED



CITY OF DALY CITY
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) KLATT (FIRST) CAROL (MIDDLE) PRACTICES COMMISSION
2013 MAR 29 A 10:24

1: Office, Agency, or Court

RECEIVED

Agency Name CITY OF DALY CITY COUNCIL MEMBER
Division, Board, Department, District, if applicable Your Position

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

SEE ATTACHED SHEET

Agency: Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of DALY CITY 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
The period covered is January 1, 2012, through the date of leaving office.
Assuming Office: Date assumed
The period covered is through the date of leaving office.
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:

- 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
None - No reportable interests on any schedule

5. Verification

[Redacted signature area]

herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/26/2013 (month, day, year)

SCHEDULE D
Income – Gifts

Name
Carol L. Klatt

▶ NAME OF SOURCE *(Not an Acronym)*
U.S. Open Championship

ADDRESS *(Business Address Acceptable)*
Olympic Club

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 12	1,200.00	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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

AGENCY

**CITY OF DALY CITY
JURISDICTION OF OFFICE:**

**COUNCIL MEMBER
CITY OF DALY CITY**

**Bay Area Air Quality Management District
Jurisdiction of Office:**

**Board Member
Multi-County Bay Area Counties**

**City/County Association of Governments:
Jurisdiction of Office:**

**Board Member
County of San Mateo**

**Peninsula Traffic Congestion Relief Alliance:
Jurisdiction of Office:**

**Board Member
County of San Mateo**