

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE



JAN 10 2013

Please type or print in ink.

NAME OF FILER (LAST) GIBBS (FIRST) RICHARD 2013 JAN 18 FIRST: 24
CITY OF MORRIETA
CITY CLERK'S OFFICE
HENRY

1. Office, Agency, or Court

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

► 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 MORRIETA
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

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

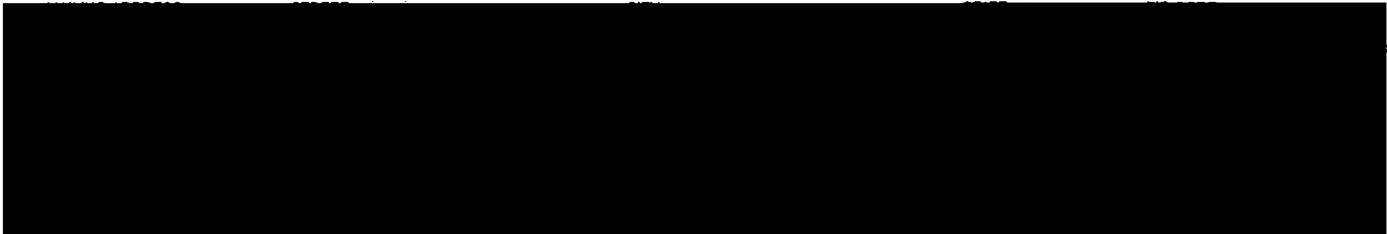
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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



Date Signed 1/3/13
(month, day, year)

**SCHEDULE D
Income - Gifts**

Name
GIBBS RICHARD H

▶ NAME OF SOURCE (Not an Acronym)
VIC WENG

ADDRESS (Business Address Acceptable)
1 JUNYE RD, XI'AN CITY, CHINA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SHANXI HV BUSINESS INVESTMENTS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03/21/12</u>	<u>\$ 50.00</u>	<u>SCALE MODEL CARROT</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
MAGISTRATE XU

ADDRESS (Business Address Acceptable)
FANCHING COUNTY, CHINA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
GOVERNMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03/22/12</u>	<u>\$ 50.00</u>	<u>PICTURE 18 GOLD LEAF</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CAI YUGE

ADDRESS (Business Address Acceptable)
CHINA
QUNXIAN RD, KEQIAC, SHAOXING, ZHEJIANG

BUSINESS ACTIVITY, IF ANY, OF SOURCE
COUNTY GOVERNMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04/18/12</u>	<u>\$ 50.00</u>	<u>PEARL JEWELRY</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____

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

Name
GIBBS RICHARD W

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
ZHOU RUSHING
 ADDRESS (Business Address Acceptable)
CHINA TEXTILE CITY
 CITY AND STATE
SHAOXING COUNTY, ZHEJIANG, CHINA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
CONSTRUCTION MANAGEMENT
 DATE(S): 03/12/12 03/19/12 AMT: \$ 140⁰⁰
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
SISTER CITY HOV - 2 NIGHTS
LODGING & MEALS

▶ NAME OF SOURCE (Not an Acronym)
HERNAN PAN
 ADDRESS (Business Address Acceptable)
488 YINCHENG RD
 CITY AND STATE
PUDONG, SHANGHAI, CHINA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
HU BUSINESS INTERNATIONAL GROUP
 DATE(S): 03/17/12 03/21/12 AMT: \$ 320⁰⁰
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
ECONOMIC DEVELOPMENT MEETING
IN XI'AN/XINING WITH GOVERNMENT - 5 NIGHTS
LODGING & MEALS

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

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

 DATE(S): ____/____/____ AMT: \$ ____
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

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

 DATE(S): ____/____/____ AMT: \$ ____
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____