

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
 (Please use only)

RECEIVED  
 COVER PAGE  
 FAIR POLITICAL PRACTICES COMMISSION  
 2012 JAN 19 PM 4:22  
 2012 JAN 23 PM 1:10

Please type or print in ink.

NAME OF FILER (LAST) Katapodis (MIDDLE) Jim

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

Agency Name  
City of Huntington Beach  
 Division, Board, Department, District, if applicable  
City Council  
 Your Position  
City Councilmember

► 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 Huntington Beach
- 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, 2011, through December 31, 2011.  
 -or-  
 The period covered is \_\_\_\_\_, through December 31, 2011.
- Assuming Office: Date assumed 12 / 03 / 2012
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
  - The period covered is January 1, 2011, through the date of leaving office.
  - The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- 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**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this. I certify under penalty of perjury under the laws of the State of California

(d)(5)

Date Signed 12/19/2012  
 (month, day, year)

Signature

**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <b>Jim Katapodis</b>
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▶ NAME OF SOURCE  
**The Waterfront Beach Resort**

ADDRESS (Business Address Acceptable)  
**21100 Pacific Coast Highway, Huntington Beach CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Leadership Program Graduation**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>06 / 20 / 12</b>	<b>\$ 50.00</b>	<b>lunch</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
**Team Real Estate**

ADDRESS (Business Address Acceptable)  
**18602 Quarterhorse Lane, Huntington Beach, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**brokerage consulting**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>10 / 13 / 12</b>	<b>\$ 100.00</b>	<b>benefit dinner</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
**Poseidon Resources**

ADDRESS (Business Address Acceptable)  
**501 W. Broadway, San Diego CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**water production**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>07 / 12 / 12</b>	<b>\$ 50.00</b>	<b>Benefit dinner</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
**Monkeyhouse Cafe**

ADDRESS (Business Address Acceptable)  
**18862 Beach Blvd. #101, Huntington Beach CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**restaurant/food service**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>08 / 30 / 12</b>	<b>\$ 50.00</b>	<b>wine tasting event</b>
<b>09 / 30 / 12</b>	<b>\$ 50.00</b>	<b>tea tasting event</b>
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
**Wounded Warrior Project**

ADDRESS (Business Address Acceptable)  
**PO Box 3358 Huntington Beach, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Raise funds for veterans**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>08 / 19 / 12</b>	<b>\$ 100.00</b>	<b>Benefit Dinner</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
**Huntington Beach Police Officers Association**

ADDRESS (Business Address Acceptable)  
**2000 Main Street, Huntington Beach, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**police officers association**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 09 / 12</b>	<b>\$ 90.00</b>	<b>holiday party</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <u>Jim KATAPODIS</u>
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▶ NAME OF SOURCE  
DJM Development Partners, Inc.

ADDRESS (Business Address Acceptable)  
7777 Edinger Ave #133, Huntington Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
real estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 12</u>	<u>\$ 50.00</u>	<u>luncheon meeting</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
Rainbow Disposal

ADDRESS (Business Address Acceptable)  
17121 Nichols, Huntington Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
waste recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 12</u>	<u>\$ 20.00</u>	<u>holiday luncheon</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
Orange County Auto Dealers Assn

ADDRESS (Business Address Acceptable)  
3737 Birch St #220, Newport Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
auto dealers association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 07 / 12</u>	<u>\$ 40.00</u>	<u>awards luncheon</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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