

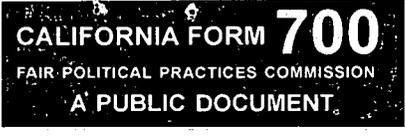
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Jan. 8, 2013
LINDSAY CITY CLERK

TN

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COVER PAGE
F. PRACTICES COMMISSION



STATEMENT OF ECONOMIC INTERESTS

Please type or print in ink.

NAME OF FILER (LAST) KIMBALL (FIRST) PAMELA (MIDDLE)
2013 JAN 30 12:57

1. Office, Agency, or Court

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

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

Agency: TCAG / MEASURE "R" Position: BOARD MEMBER

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

- State
- Multi-County _____
- City of LINDSAY
- 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: _____
- 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. [Redacted Signature Area]

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 1/8/2013
(month, day, year)

SCHEDULE D
Income – Gifts

Name
P. KIMBALL

▶ NAME OF SOURCE *(Not an Acronym)*
McCORMICK, KABOT, JENNER & LEW, Law Office
 ADDRESS *(Business Address Acceptable)*
1220 W. Main St, Visalia. CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
League of CA Cities Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 12	\$ 102.00	
	\$	
	\$	

▶ 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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	\$	
	\$	
	\$	

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

Comments: _____