

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Beckles Jovanka D.

1. Office, Agency, or Court

Agency Name

City of Richmond

Councilmember

Division, Board, Department, District, if applicable

Your Position

Council

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

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

RECEIVED  
CITY CLERKS OFFICE  
CITY OF RICHMOND  
2013 APR 10 PM 3:46

TP

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

- State
- Multi-County \_\_\_\_\_
- City of Richmond
- 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.
- Assuming Office: Date assumed \_\_\_\_\_
- 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.
- 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

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 4-10-13  
(month, day, year)

**SCHEDULE D**  
**Income - Gifts**

Name  
Jovanka Beckles

▶ NAME OF SOURCE (Not an Acronym)  
Richmond Sanitary SVS  
 ADDRESS (Business Address Acceptable)  
3260 Blume Dr. #100  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Waste Stream

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/10/13</u>	<u>\$ 50</u>	<u>Ticket</u>
<u>4/10/13</u>	<u>\$ 50</u>	<u>Ticket</u>
<u>   /   /   </u>	<u>\$</u>	<u>                    </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)
<u>   /   /   </u>	<u>\$</u>	<u>                    </u>
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▶ NAME OF SOURCE (Not an Acronym)  
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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Comments: \_\_\_\_\_