

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE



City of Riverside
City Clerk's Office

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Davis Paul Marion

1. Office, Agency, or Court

Agency Name
City of Riverside
Division, Board, Department, District, if applicable
City Council
Your Position
Council Member

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

Agency: Successor Agency to the Redevelopment Agency Position: Member

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

- State
- Multi-County _____
- City of Riverside
- 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: 7

- 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

I certify that the information provided in this statement and in any attached schedules is true and complete. I acknowledge this is a public document.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 02/11/2013 Signature _____
(month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
PAUL MARION DAVIS

▶ NAME OF BUSINESS ENTITY
Nations Rent-To-Own

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Sales & Leasing-Furniture-Appliances-Electronic

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT **Family Owned Business**
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
12 / 01 / 98 / / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
May May's Parties & Catering

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Party & Fundraising Consultant - Catering Svcs

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT **Spouses Business**
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
08 / 01 / 11 12 / 05 / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Inland Events & Parties

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Party & Event / Fundraising Consulting

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT **Spouses Business**
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
12 / 05 / 12 / / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
 ACQUIRED DISPOSED

Comments:

SCHEDULE D
Income - Gifts

Name
Paul Marion Davis

▶ NAME OF SOURCE (Not an Acronym)
Burrtec Waste Industries

ADDRESS (Business Address Acceptable)
9890 Cherry Ave, Fontana, CA 92335

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nascar Racing Event-Fontana Speedway

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 12	\$ 200	Event Ticket
03 / 24 / 12	\$ 200	Event Ticket
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Manufacturer Housing Educational Trust

ADDRESS (Business Address Acceptable)
25241 Paseo De Alicia, #120, Laguna Hills CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Holiday Luncheon-Mission Inn Riverside

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 12	\$ 50	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ICN TV Network Chinese New Year Gala

ADDRESS (Business Address Acceptable)
9550 Flair Ave #103, El Monte, CA 91731

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles Chinese New Year Gala & Celebration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 12	\$ 100	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Fair Housing Council Champions for Justice

ADDRESS (Business Address Acceptable)
3933 Mission Inn Ave, Riverside, CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Award Banquet

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 12	\$ 65	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Melissa McKeith - Rape Crisis Auction & Dinner

ADDRESS (Business Address Acceptable)
1845 Chicago Ave, Suite A, Riverside, CA 92507

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Rape Crisis Auction & Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 20 / 12	\$ 250	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
McCoy Rigby Entertainment

ADDRESS (Business Address Acceptable)
22601 La Palma Ave, Suite 105, Yorba Linda CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fox Performing Arts Production of Peter Pan

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 28 / 12	\$ 104	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

Name
 Paul Marion Davis

- 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)
California Assc. of Progressive Rental Organizations

ADDRESS (Business Address Acceptable)
1504 Robin Hood Trail

CITY AND STATE
Austin, TX 78703

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
State Association Annual Washington DC Conference

DATE(S): 04 / 17 / 12 - 04 / 19 / 12 AMT: \$ 984.68
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

California Association of Progressive Rental Organizations State President. Attended as President

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)
700 North Alameda Street

CITY AND STATE
Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Colorado River Water Related Facilities Inspection

DATE(S): 01 / 13 / 12 - 01 / 14 / 12 AMT: \$ 150.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Inspection of M.W.D. Facilities and Infrastructure

▶ 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: _____