

STATEMENT OF ECONOMIC INTERESTS



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COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

Date Received
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13 APR 03 05:45 PM
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) Robinson (FIRST) Jacque (SOLE) C.

1. Office, Agency, or Court

Agency Name City of Pasadena Your Position Councilmember
Division, Board, Department, District, if applicable District 1

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

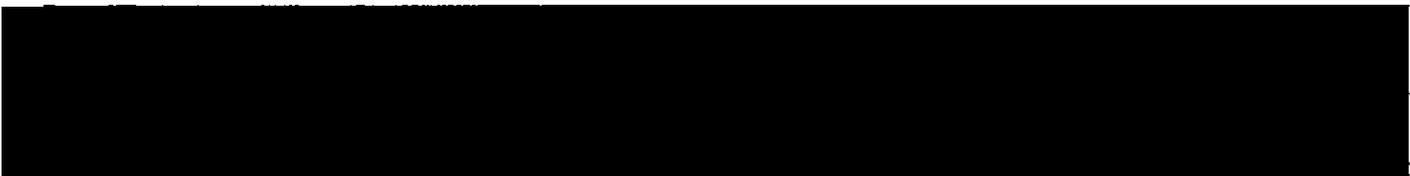
3. Type of Statement (Check at least one box)

- 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. Verification



I have read all schedules attached to this statement. I have reviewed the information herein and in any attached schedules and certify that the information 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

Date Signed 4/3/13 Signature _____
(month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Los Angeles Unified School District

ADDRESS (Business Address Acceptable)
Education

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy Director

YOUR BUSINESS POSITION
333 S. Beaudry Ave. LA, CA

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

NAME OF SOURCE OF INCOME
JCR3 Strategies

ADDRESS (Business Address Acceptable)
580 W. Howard St. Pasadena, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting

YOUR BUSINESS POSITION
Principal

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____



▶ NAME OF SOURCE (Not an Acronym) *Transportation League of CA Cities - Policy Committee*
 ADDRESS (Business Address Acceptable)
1400 K St. #400 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Multiple - see below

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|------------------|--------------|------------------------|
| <i>1, 19, 12</i> | <i>26.54</i> | <i>breakfast/lunch</i> |
| <i>1, 20, 12</i> | <i>38.29</i> | <i>breakfast/lunch</i> |
| <i>3, 29, 12</i> | <i>42.71</i> | <i>breakfast/lunch</i> |

▶ NAME OF SOURCE (Not an Acronym) *Transportation League of CA Cities - Policy Committee*
 ADDRESS (Business Address Acceptable)
1400 K St. #400 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Multiple - see below

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|------------------|--------------|--------------------------------|
| <i>1, 18, 12</i> | <i>19.16</i> | <i>reception</i> |
| <i>4, 25, 12</i> | <i>37.01</i> | <i>LA Divisional Reception</i> |

▶ NAME OF SOURCE (Not an Acronym) *Transportation League of CA Cities - Policy Committee*
 ADDRESS (Business Address Acceptable)
1400 K St. #400 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Multiple - see below

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|------------------|--------------|------------------------|
| <i>1, 14, 13</i> | <i>15.47</i> | <i>breakfast/lunch</i> |
| <i>1, 15, 13</i> | <i>38.49</i> | <i>breakfast/lunch</i> |

▶ 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) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

Filer's Verification

Print Name *Jacqueline Robinson*
 Office, Agency or Court *Pasadena City Council*
 Statement Type *2012-2013* 2013/2014 Annual Assuming Leaving
 Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed *3/4/14*
 Filer's Signat

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2014 MAR 13 PM 4:18

SCHEDULE E

Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- 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) Peace for the American Way YEO
ADDRESS (Business Address Acceptable) 1101 15th St NW # 600
Washington DC 20005
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE Young Elected Officials Network Conference 501 (c)(3)
Washington DC Annual Conference
DATE(S): 6/20/12 - 6/23/12 AMT: \$ 1068.50
(if gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Conference attendance: travel scholarship / hotel, room, food, AV, welcome reception

NAME OF SOURCE (Not an Acronym) Center for Digital Government
ADDRESS (Business Address Acceptable) 700 Blue Ravine Road.
Folsom, CA 95630
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE Re:public Conference - Arizona 501 (c)(3)
DATE(S): 11/11/12 - 11/13/12 AMT: \$ 646.22
(if gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Hotel, ground transportation, food

NAME OF SOURCE (Not an Acronym) Nat'l Foundation of Women Legislators
ADDRESS (Business Address Acceptable) 1050 17th Street NW Ste 800
Washington DC 20036
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE Annual Conference - Atlanta 501 (c)(3)
DATE(S): 11/15/12 - 11/19/12 AMT: \$ 758
(if gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
hotel + airfare

Filer's Verification

Print Name Jacqueline Robinson
Office, Agency or Court Pasadena City Council
Statement Type 2012-2013 Annual Assuming Leaving
 Annual Candidate
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 3/4/14
Filer's Signature _____

Comments: inadvertently left attachment off original filing.



CITY CLERK

14 APR 14 02:49PM

SCHEDULE E Income - Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- 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)
Center for Digital Government 12c Public Conference

ADDRESS (Business Address Acceptable)
100 BWC Rowland Rd.

CITY AND STATE
Pulsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
State/Local Government IT research institute

DATE(S): 11, 11, 12 11, 13, 12 AMT: \$ 863.22
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Tucson, AZ: Airfare \$225.60 Hotel \$282.62
Ground transportation \$55 Food \$300

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

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PRACTICES COMMISSION
2014 APR 17 PM 1:14

▶ 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

Filer's Verification

Print Name Jacque Robinson, Vice Mayor

Office, Agency or Court City of Pasadena.

Statement Type 2012/2013 Amendment Assuming Leaving
 Annual Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/14/14

Filer's Signature _____

Comments: _____