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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



E-Filed on:

02/21/13 17:59:32

ID - 99923394 87200

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Hotchkiss, Frank

1. Office, Agency, or Court

Agency Name

CITY OF SANTA BARBARA

Division, Board, Department, District, if applicable

Your Position

Mayor and Council Office

Council Member

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

- State, Multi-County, City of Santa Barbara, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 4

- Schedule A-1, A-2, B, C, D, E, None

5.

I have used all reasonable diligence in preparing this statement. I h herein and in any attached schedules is true and complete. I ackn

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

Date Signed 02/21/2013 (month, day, year)

(File the originally signed statement with your filing official.)

Agency	Division, Board, Department, District	Position
City Council	City of Santa Barbara	Council Member

SCHEDULE D
Income – Gifts

Name
Hotchkiss, Frank

▶ NAME OF SOURCE (Not an Acronym)
Downtown Organization
 ADDRESS (Business Address Acceptable)
27 De La Guerra Plaza
Santa Barbara CA 93101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Downtown support

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 12 / 12</u>	<u>\$ 50.00</u>	<u>Luncheon</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Santa Barbara Chamber of Commerce
 ADDRESS (Business Address Acceptable)
924 Anacapa Street
Santa Barbara CA 93101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Commerce promotion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 10 / 12</u>	<u>\$ 75.00</u>	<u>Luncheon</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Santa Barbara Association of Realtors
 ADDRESS (Business Address Acceptable)
1415 Chapala Street
Santa Barbara CA 93101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Realtors' association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 13 / 12</u>	<u>\$ 75.00</u>	<u>Luncheon</u>
<u> / / </u>	<u>\$</u>	<u></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>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____