CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
BENSOUSSAN	PAMELA P 4:20	L.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: CITY OF CHULA VISTA

CITY OF CHULA VISTA
CITY CLERK'S OFFICE

Division, Board, Department, District, if applicable: CITY COUNCIL

Your Position: COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of CHULA VISTA
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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FAIR POLITICAL PRACTICES COMMISSION
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3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ___/___/_____, through December 31, 2013.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*

○ The period covered is January 1, 2013, 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:*** 11

- ☒ **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]

herein and in any attached schedules is true and complete. I ackno[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed Mar 30, 2014
(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: BENSOUSSAN, PAMELA L.

▶ NAME OF BUSINESS ENTITY: SEARS

GENERAL DESCRIPTION OF THIS BUSINESS: RETAIL DEPT. STORES

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 AMERITRADE (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

▶ NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF THIS BUSINESS:

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:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

▶ NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF THIS BUSINESS:

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:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

▶ NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF THIS BUSINESS:

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:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

▶ NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF THIS BUSINESS:

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:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
BENSOUSSAN, PAMELA L.

▶ 1. BUSINESS ENTITY OR TRUST

PAMELA BENSOUSSAN APPRAISERS
Name

616 SECOND AVENUE, CHULA VISTA CA 91910
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
APPRAISAL SERVICES

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

Cheyl Stewart, La Jolla; United Services Automobile Association; Thorsnes Bartolotta McGuire Law, San ~~Diego; Steven Tuttleman, New York.~~

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

BENSOUSSAN ESTATE SERVICES
Name

616 SECOND AVENUE, CHULA VISTA CA 91910
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ S-CORPORATION Other

YOUR BUSINESS POSITION SHAREHOLDER, DIRECTOR

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments:_____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
BENSOUSSAN, PAMELA L.

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
616 SECOND AVENUE

CITY
CHULA VISTA CA 91910

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

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ____ Yrs. remaining ☐ ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
285 MOSS ST., #71

CITY
CHULA VISTA, CA 91910

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

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ____ Yrs. remaining ☐ ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☑ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None
RAFAEL & DENISSE ESTRADA

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE ____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE ____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
BENSOUSSAN, PAMELA

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Living Coast Discovery Center
ADDRESS *(Business Address Acceptable)*
1000 Gunpowder Point Dr. Chula Vista CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Museum / Aquarium

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 13	$ 65.00	Fundraiser
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Mexican American Business Association
ADDRESS *(Business Address Acceptable)*
3462 Malito Dr., Bonita CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 30 / 13	$ 25.00	Luncheon
06 / 28 / 13	$ 25.00	Luncheon
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Mountain West
ADDRESS *(Business Address Acceptable)*
333 H Street, Chula Vista CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development and Investment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 13	$ 45.00	Holiday Basket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Neighborhood Market Association
ADDRESS *(Business Address Acceptable)*
7050 Friars Road, #300, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 13	$ 75.00	Annual Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Planned Parenthood Action Fund
ADDRESS *(Business Address Acceptable)*
1075 Camino del Rio S., San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 24 / 13	$ 50.00	Roe v Wade dinner
05 / 09 / 13	$ 100.00	Annual Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Port Tentants Association
ADDRESS *(Business Address Acceptable)*
Shelter Island Dr., San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 13	$ 75.00	Annual Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
BENSOUSSAN, PAMELA

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Labor Council of Imperial and San Diego Counties
ADDRESS *(Business Address Acceptable)*
3737 Camino del Rio South, #403 San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 15 / 13	$ 45.00	Awards Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Maritime Alliance
ADDRESS *(Business Address Acceptable)*
2877 Historic Decatour Road, #300 San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 13	$ 100.00	Annual Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
San Diego Repertory Theatre
ADDRESS *(Business Address Acceptable)*
75 Horton Plaza, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theatre Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 13	$ 60.00	Opening Night
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Atlantis Group
ADDRESS *(Business Address Acceptable)*
2488 Historic Decatour Road, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Engineering

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 21 / 13	$ 75.00	5th Anniversary
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Scripps
ADDRESS *(Business Address Acceptable)*
7425 Mission Valley Rd., San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 22 / 13	$ 75.00	Chamber Dinner
/ /	$	Otay Mesa
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Port of San Diego
ADDRESS *(Business Address Acceptable)*
3165 Pacific Highway, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Port of San Diego Administration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 13	$ 45.00	Installation Lunch
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
BENSOUSSAN, PAMELA

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
San Diego Regional Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
402 W. Broadway #1000, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 13	$ 100.00	Annual Innovation
/ /	$	Conference
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Acquatica Sea World
ADDRESS *(Business Address Acceptable)*
2052 Entertainment Circle, Chula Vista CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Aquatic Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 01 / 13	$ 50.00	Openind Day VIP bkfst
01 / 17 / 13	$ 50.00	Equinox Event
/ /	$	Unveiling Dashboard

▶ NAME OF SOURCE *(Not an Acronym)*
San Ysidro Health Center
ADDRESS *(Business Address Acceptable)*
1275 30th Street, San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 15 / 13	$ 75.00	Annual Dinner
07 / 11 / 13	$ 35.00	CEO Retirement
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Monarch
ADDRESS *(Business Address Acceptable)*
7727 Herschel Avenue, La Jolla CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Co.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 28 / 13	$ 50.00	Move SD Reception
/ /	$	for Scott Peters
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
La Raza Lawyers Association
ADDRESS *(Business Address Acceptable)*
655 West Broadway #1700, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 11 / 13	$ 50.00	Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Sheet Metal Workers
ADDRESS *(Business Address Acceptable)*
4594 Mission Gorge Pl., San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 28 / 13	$ 50.00	Cesar Chavez Bkfst.
/ /	$	
/ /	$	

Comments:

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Name
BENSOUSSAN, PAMELA

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Republic Waste
ADDRESS *(Business Address Acceptable)*
1700 Maxwell Road, Chula Vista CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 21 / 13	$ 65.00	SBCS Annual Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Chula Vista Electric
ADDRESS *(Business Address Acceptable)*
696 Cochran Avenue, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electrical Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 13	$ 85.00	NECA Installation Dinn
06 / 14 / 13	$ 85.00	NECA Graduation Din
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Teatro Mascara Magica TMM
ADDRESS *(Business Address Acceptable)*
1604 Dartmouth St., Chula Vista CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theatre Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 29 / 13	$ 25.00	Show & Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Hubbs Sea World Reasearch Institute
ADDRESS *(Business Address Acceptable)*
2595 Ingraham Street, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Research Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 13	$ 75.00	50 yr. Anniversary
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Move San Diego
ADDRESS *(Business Address Acceptable)*
437 J Street, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Smarth Growth Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 13	$ 75.00	Awards Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
NTC Foundation
ADDRESS *(Business Address Acceptable)*
2765 Truxtun Road, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 13	$ 65.00	Opening Night
/ /	$	Frida Kahlo Exhibit
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
BENSOUSSAN, PAMELA

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Baldwin & Sons
ADDRESS *(Business Address Acceptable)*
610 W. Ash Street, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development & Investment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/15/13	$ 75.00	Chula Vista Chamber
/ /	$	of Commerce Installati
/ /	$	Dinner

► NAME OF SOURCE *(Not an Acronym)*
California Women Lead
ADDRESS *(Business Address Acceptable)*
1029 K Street, Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/10/13	$ 40.00	Annual Luncheon
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Charles Company
ADDRESS *(Business Address Acceptable)*
9034 W. Sunset Blvd., W Hollywood, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development & Investment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/18/13	$ 65.00	Dinner Donovan's
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Chula Vista Library Foundation
ADDRESS *(Business Address Acceptable)*
365 F Street, Chula Vista CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/27/13	$ 70.00	2 Fundraiser
/ /	$	Bon Appetit
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Clean Tech San Diego
ADDRESS *(Business Address Acceptable)*
91910 Towne Center Dr., San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/25/13	$ 35.00	State of the Industry
/ /	$	Forum
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
La Jolla Playhouse
ADDRESS *(Business Address Acceptable)*
PO Box 12039, La Jolla CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Playhouse/ Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/02/13	$ 100.00	Show & Reception
07/21/13	$ 100.00	Show & Reception
10/26/13	$ 50.00	Show

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
BENSOUSSAN, PAMELA

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Pacific Southwest Association of Realtors
ADDRESS *(Business Address Acceptable)*
880 Canarios Court, Chula Vista CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/18/13	$ 49.00	Installation of Officers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Third Avenue Village Association
ADDRESS *(Business Address Acceptable)*
353 Third Avenue, Chula Vista CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/16/13	$ 35.00	Installation Lunch
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Building Industry Association
ADDRESS *(Business Address Acceptable)*
9201 Spectrum Center Blvd. #110, San Diego CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/09/13	$ 150.00	75th Anniversary Dinn
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
BENSOUSSAN, PAMELA L.

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **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)*
San Diego County Regional Airport Authority
ADDRESS *(Business Address Acceptable)*
PO Box 82776
CITY AND STATE
San Diego, CA 92138
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Air Transportation
DATE(S): 09/18/13 - 09/20/13 *(If gift)* AMT: $ 56.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Provide Parking- Cool California Awards, Sacramento CA

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $
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): __/__/__ - __/__/__ *(If gift)* AMT: $
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): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: