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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

SR

COVER PAGE

Please type or print in ink.

CITY OF SANTEE

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Jack	Dale	E.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Santee

Division, Board, Department, District, if applicable: Council/Public Financing Authority/CDC Successor Acy

Your Position: Councilmember/Authority Member/Agency Member

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Santee
- ☐ 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, 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:*** 2

- ☐ **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

[redacted]

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

Date Signed 4/9/14
(month, day, year)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
8345 Rumson Drive

CITY
Santee, CA 92071

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

Michael and Pollyanna Petty

* 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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

Comments:

Filer's Verification

Print Name _____

Office, Agency or Court _____

Statement Type ☐ 2013/2014 Annual ☐ Assuming ☐ Leaving
☐ _____ (yr) 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 _____ *(month, day, year)*

Filer's Signature _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

SR

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY CLERKS OFFICE
2014 MAR 31 A 10:57 20
CITY OF SANTEE

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	DAIE	JACK	C

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of SANTEE — Council Member.

Division, Board, Department, District, if applicable: Council / Pub. Fin. Auth / CDC Successor Acy
Your Position: Chclmbr / Auth Mbr / Acy Mbr

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

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14 APR -7 AM 10:31

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:*** 8

- ☐ **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 3/26/14
(month, day, year)

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: Jack Dale

▶ 1. BUSINESS ENTITY OR TRUST

Name: Jack Dale Insurance Agency Inc.

Address (Business Address Acceptable): 1001 B Street #213 Coronado 92118

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

GENERAL DESCRIPTION OF THIS BUSINESS: Insurance Agency

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: Agent

▶ 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

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

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 ☐ _____ 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

▶ 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: Jack Dale

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
8345 RUNSON

CITY
SANTEE 92071

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
1001 B ST #213

CITY
CORONADO CA 92118

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

Jack dale insurance Agency Inc.

* 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: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Jack Dale

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)
San Diego Airport Terminal Opening	event	3225 N. Harbor Drive SD 92101	8,8,13	$100	Tix
			/ /	$	
			/ /	$	

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)
Whalen and Assoc.	Anniversary Event	1660 Hotel Circle N. San Diego	9,12,13	$100	Tix
			/ /	$	
			/ /	$	

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)
Cox Communications	Padre Game	1211 Broadway El Cajon 92020	9,4,13	$150	Tix
			/ /	$	
			/ /	$	

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)
GOP Salute to Electing Officials	San Diego County GOP.	PO Box 501278 SD Ca 92150	9,25,13	$300	Tix
			/ /	$	
			/ /	$	

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)
Mexican Consul General	Independence Day Event	1549 India Street San Diego	9,10,13	$100	Tix
			/ /	$	
			/ /	$	

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)
State of the City National City	1243 National City Blvd. N. City	State of the City event	10,17,13	$50	Tix.
			/ /	$	
			/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jack Dale

▶ NAME OF SOURCE *(Not an Acronym)*: Mexico Consul General Cello
ADDRESS *(Business Address Acceptable)*: and Recorder Concert
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 1549 India Street SD 92101

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/6/13	$250	Tix
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Santee Food Bank 30th anniversary
ADDRESS *(Business Address Acceptable)*: 8824 Cottonwood Avenue Santee
BUSINESS ACTIVITY, IF ANY, OF SOURCE: food distribution to those in need

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/27/13	$100	Tix
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: American Lung Assoc ~~Concert~~ Evening in
ADDRESS *(Business Address Acceptable)*: Sky
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 27504th Avenue SD 92103

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/7/13	$250	Tix
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Spirit of the Barrio
ADDRESS *(Business Address Acceptable)*: Family Health Centers of San Diego
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 823 Gateway Cntr Way SD Ca 92102

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/19/13	$100	Tix
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: San Diego Housing Federation
ADDRESS *(Business Address Acceptable)*: Ruby Awards
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 110 W. C Street, Ste 1811 SD 92101

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/13/13	$150	Tix
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: WTS Bowling Fundraiser
ADDRESS *(Business Address Acceptable)*: P.O. Box 122404 SD Ca. 92112
BUSINESS ACTIVITY, IF ANY, OF SOURCE: advancing women in transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/25/13	$50	Tix
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jack Dale

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): San Diego Chamber of Commerce
ADDRESS (Business Address Acceptable): 402 W Broadway, Ste 1000 SD CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Military Ball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/23/13	$ 250	Tix
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): SDAPA Awards
ADDRESS (Business Address Acceptable): 4870 W. Mountain View Dr. SD 92116
BUSINESS ACTIVITY, IF ANY, OF SOURCE: American Planning Association SD

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/30/13	$ 100	Tix
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): San Diego Airport
ADDRESS (Business Address Acceptable): USO Dinner
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 3225 N. Harbor Drive SD CA 92101

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/20/13	$ 250	Tix
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Harvey Milk Breakfast.
ADDRESS (Business Address Acceptable): SD Lesbian Gay Bisexual Transgender Cntr.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 3909 Centre Street SD CA 92103

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/24/13	$ 150	Tix.
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Save Mission Trails Dinner
ADDRESS (Business Address Acceptable): Save Mission Trails, SD Cnty 92071
BUSINESS ACTIVITY, IF ANY, OF SOURCE: www.savemissiontrails.org

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/26/13	$ 50	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): 2013 Equality Awards
ADDRESS (Business Address Acceptable): 8350 Santa Monica Blvd Ste 200 W. Hollywood
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Equality California

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/1/13	$ 150	Tix.
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Jack Dale

SCHEDULE D
Income – Gifts

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)
La Mesa	La Mesa "Party of the Century" / 8130 Allison Avenue LaMesa Ca 91942	1/12/13	$ 60	Tix
NTS San Diego reception	P.O. Box 122409 SD Ca 92112 / advancing women in transportation	1/29/13	$ 100	reception
East County Realtors Association installation Dinner	1150 Broadway El Cajon, Ca 92021	1/18/13	$ 150	Tix
East County Chamber Gala	Wish Management of SD / 1001 N. Broadway Ave. E.C. 92020	2/7/13	$ 150	Tix
UCSD San Diego Athletics reception	9500 Gilman Dr. La Jolla Ca 92093	2/15/13	$ 350	Tix
Santee Chamber awards nite	10315 Mission Gorge Road Santee 92071 / Santee Chamber of Commerce	2/23/13	$ 150	Tix

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jack Dale

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): Move! San Diego Event
ADDRESS (Business Address Acceptable): 1111 Sixth Ave Ste 402 SD CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Support effective transportation options

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/29/13	$ 100	Tix
/ /	$	
/ /	$	

► 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): SANDIEGO Chamber holiday event
ADDRESS (Business Address Acceptable): 402 W. Broadway Ste 1000 SD 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: SD Regional Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/10/13	$ 100	Tix
/ /	$	
/ /	$	

► 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: