

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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NAME OF FILER (LAST) (FIRST)  
Emerald Martha Naomi SAN DIEGO, CALIF.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of San Diego  
Division, Board, Department, District, if applicable  
Council District 9  
Your Position  
Council Member

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

Agency: SANDAG, MTS & SD Consortium Policy Board  
Position: City of SD Representative

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

- State
- Multi-County \_\_\_\_\_
- City of San Diego
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

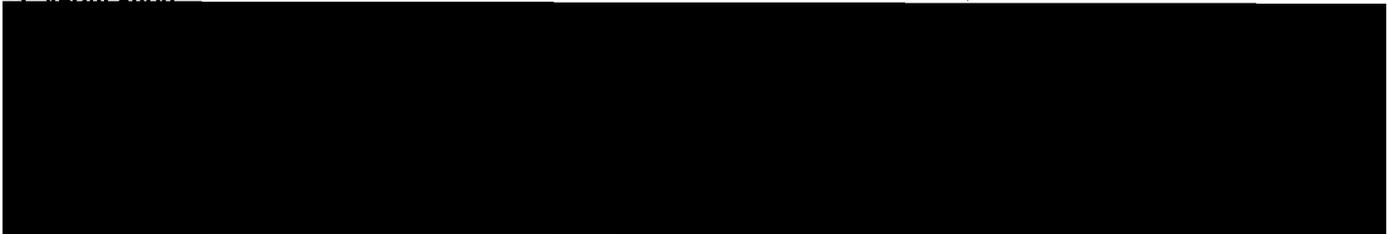
3. Type of Statement (Check at least one box)

- 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



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

Date Signed 3-24-14  
(month, day, year)

**SCHEDULE D  
Income – Gifts**

Name  
**EMERALD, MARTHA**

▶ NAME OF SOURCE (Not an Acronym)  
**NAACP**

ADDRESS (Business Address Acceptable)  
**415 N Euclid Ave San Diego 92114**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>01 / 21 / 13</b>	<b>\$ 50.00</b>	<b>MLK Breakfast</b>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**SD City Firefighters Local 145**

ADDRESS (Business Address Acceptable)  
**10405 San Diego Mission Rd, San Diego, CA 92108**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>08 / 23 / 13</b>	<b>\$ 100.00</b>	<b>Fundraiser</b>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**KPBS**

ADDRESS (Business Address Acceptable)  
**5200 Campanile Dr San Diego 92182**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>02 / 05 / 13</b>	<b>\$ 75.00</b>	<b>Event</b>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**UC San Diego Health System**

ADDRESS (Business Address Acceptable)  
**200 W Arbor Dr, San Diego, CA 92103**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>10 / 23 / 13</b>	<b>\$ 125.00</b>	<b>Gala</b>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**San Diego Labor Council**

ADDRESS (Business Address Acceptable)  
**3737 Camino Del Rio S. Suite 403**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>03 / 16 / 13</b>	<b>\$ 150.00</b>	<b>Dinner</b>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: \_\_\_\_\_