

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

TN

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Please type or print in ink.

NAME OF FILER (LAST) Gottschalk (FIRST) Robert CITY OF MILLBRAE ADMIN DEPT. George

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Millbrae

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

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

Agency: Housing Endowment & Regional Trust

Position: Member Board of Directors

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FAIR POLITICAL PRACTICES COMMISSION
2014 APR -3 PM 1:18

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of San Mateo

City of Millbrae

Other _____

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

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

Leaving Office: Date Left ____/____/____ (Check one)

-or-
The period covered is ____/____/____, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 6

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - 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

March 17, 2014

Date Signed _____
(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.

Name
Robert G. Gottschalk

NAME OF BUSINESS ENTITY
Wells Fargo & Co. New (WFC)
GENERAL DESCRIPTION OF THIS BUSINESS
Banking & Finance
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
Honeywell International, Inc. (HON)
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Robert G. Gottschalk

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
570 Skyline Drive (1/2 interest)

CITY
Daly City

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /13 DISPOSED / /13

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
San Mateo County
Section 8 program

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
400 Davey Glen Road, Apt. 4426

CITY
Belmont

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /13 DISPOSED / /13

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
Mr. Han Jie, Mr. Han Chun Ming,
Ms. Wei Xu

* 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*
None

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% None _____

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*
None

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% None _____

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

Name
 Robert G. Gottschalk

▶ NAME OF SOURCE (Not an Acronym)
South San Francisco Scavenger Company
 ADDRESS (Business Address Acceptable)
500 East Jamie Court, South San Francisco
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 07 / 13	\$ 52.00	Dinner
12 / 18 / 13	\$ 48.00	Food basket
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
George Lam
 ADDRESS (Business Address Acceptable)
888 Brannan Street, San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE **94108**
Jewelry & real estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 17 / 13	\$ 40.00	dinner
03 / 21 / 13	\$ 45.00	dinner
04 / 04 / 13	\$ 44.00	dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Jack Lee Fong
 ADDRESS (Business Address Acceptable)
577 Columbus Avenue, San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE **94133**
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 20 / 13	\$ 50.00	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Robert G. Gottschalk</u>

- 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)
Zhuhai Benevolent Association of America
 ADDRESS (Business Address Acceptable)

 CITY AND STATE
Zhuhai City, P. R. China 519009
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 10/24/13 - 10/25/13 AMT: \$ 109.02
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
People's Government of Huadu District,
 ADDRESS (Business Address Acceptable) Guangzhou City
Xindu Avenue, Huadu
 CITY AND STATE
Guangzhou, P. R. China 510800
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 10/29/13 AMT: \$ 61.48
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
Luk Fook Jewelry Group
 ADDRESS (Business Address Acceptable)
#239 Temple St., Jordan, Kowloon, Hong Kong
 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Jewelry

DATE(S): 10/30/13 AMT: \$ 163.93
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
Ken Hu Kong Dragon Properties Holding LLC
 ADDRESS (Business Address Acceptable)
Flat A, 14/F, High Win Factory Bldg.
 CITY AND STATE 47 Hoi Yuen Rd., Kwun Tong,
Kowloon, Hong Kong
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Real Estate

DATE(S): 10/31/13 AMT: \$ 81.97
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____