



Please type or print in ink.

NAME OF FILER (LAST) OSBORNE (FIRST) LEE (MIDDLE) M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF LA QUINTA

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: \_\_\_\_\_

Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of LA QUINTA

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
2014 APR 0 PM 1:17

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.

- 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.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

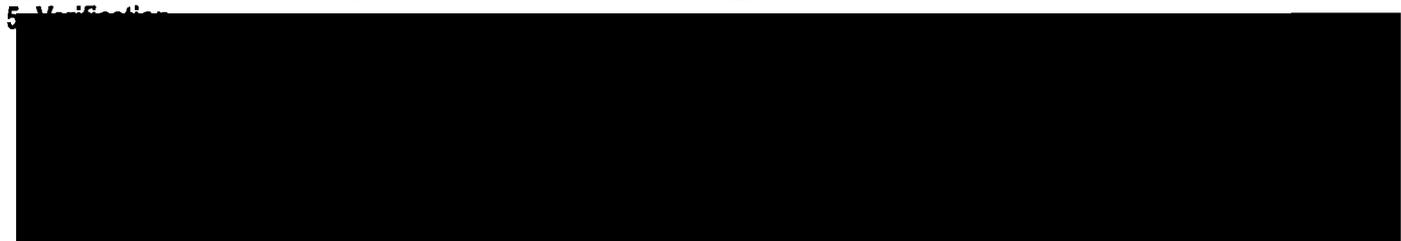
Check applicable schedules or "None."

► Total number of pages including this cover page: 60

- 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



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

Date Signed 3/31/14  
(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  
Lee M. Osborne

**1. BUSINESS ENTITY OR TRUST**

Osborne Rincon, CPA's  
 Name  
79245 Comp. Ctr. Dr. #101, La Brea  
 Address (Business Address Acceptable) CA. 92253

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

**GENERAL DESCRIPTION OF THIS BUSINESS**  
CPA Accounting Services

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000         /    / 13         /    / 13  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation  
Other

YOUR BUSINESS POSITION Pres.

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

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

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

None  
See attached.

**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      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000         /    / 13         /    / 13  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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**

Meredith & Stinson Construction  
 Name  
83801 Auc. 45, Indio, CA. 92201  
 Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Construction Services

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000         /    / 13         /    / 13  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation  
Other

YOUR BUSINESS POSITION Pres.

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

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

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

None  
See attached.

**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      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000         /    / 13         /    / 13  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
**LEE M. OSBORNE**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**79245 CORP. CNTR., DR., STE. 101**

CITY  
**LA QUINTA, CA.**

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  
**OSBORNE RINCON. CPAs**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**83801 AVE, 45**

CITY  
**INDIO, CA.**

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  
**MEREDITH AND SIMPSON CONSTRUCTION CO.**

\* 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**

Name  
**LEE M OSBORNE**

▶ NAME OF SOURCE (Not an Acronym)  
**RUTAN & TUCKER, LLP**

ADDRESS (Business Address Acceptable)  
**611 ANTON BLVD.,#1400,COSTA MESA,CA.92626**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ATTORNEY'S**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 13	\$ 385.00	MEALS
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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: \_\_\_\_\_

LEE M. OSBORNE, CPA, CFE  
PEDRO T. RINCÓN, CPA, CVA  
BRUCE J. LEGAWIEC, CPA  
LESTER R. PETERSON (RETIRED)



"A PROVEN INVESTMENT FOR YOUR BUSINESS."

JASON A. SCHNEIDER, CPA  
IVAN K. IVANOV, CPA  
CORRY S. HUNTER, CPA  
KELLI K. COX, CPA  
MARY F. BARNETT, E.A.

2013 Form 700 Reporting  
Fees > \$10,000  
Lee M. Osborne

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Alice Alatorre, DDS, Inc.  
Anna Frances Addison Trust  
Armando's Bar & Grill  
Bighorn Golf Club, Inc.  
Central California Radiology Group, Inc.  
Clinica Medica Del Valle, Inc.  
Coachella Valley Enterprise Zone Authority  
Colony Products Company, Inc.  
Compspec, Inc.  
Demboyz  
Desert Valley Date  
Desert Valley Services  
Destiny Packaging, Inc.  
DFI Funding, Inc.  
Dorris Macruder  
Farm Irrigation Equipment, Inc.  
Halum Markets, Inc.  
Indio Emergency Medical Group, Inc.  
Kazarian-Jewett, Inc.  
Kenny Strickland, LLC  
Khoi N. Ngyen, MD, Inc.  
La Specialty Produce Co., Inc.

Law Office of Domingo Castillo  
Leslie and Deborah Alhadeff  
LMLQ Restaurant, LLC  
Marty and Betty Walton Revocable Trust  
Michael P. Milligan, MD  
Morcus Management Company, LLC  
NAI Consulting, Inc.  
North Shore Greenhouses, Inc.  
Oasis Gardens  
Reynaldo J. Carreon MD Foundation  
Richard and Frances Marsh  
Southwest Plumbing, Inc.  
Squires Lumber Company, Inc.  
Sun and Sands Enterprises, LLC  
Sun Date, LLC  
Teserra  
The Madison Club Owners Association  
The Plantation Golf Club  
The Reserve Community Association  
The Sirpuhue & John Conte Foundation  
The Vintage Club  
World Gym, LLC

**MEREDITH & SIMPSON CONSTRUCTION CO., INC.  
CLIENTS WITH REVENUE OVER \$10,000**

**ANTHONY VINEYARDS  
RICHARD BAGDASARINA, INC.  
CHESLER ENTERPRISES  
CITY OF COACHELLA SANITARY DISTRICT  
COACHELLA VALLEY ICE  
DESERT REDI MIX  
THE DIMARE COMPANY  
FIESTA FORD LINCOLN MERCURY  
GOLDEN ACRE FARMS  
GOLDEN STATE HERBS  
GRIMMWAY FARMS  
OASIS VEGETABLE EXCHANGE  
OCEAN MIST FARMS  
PETER RABBIT FARMS  
SEAVIEW PACKING INC.  
SUN DATE LLC  
TUDOR RANCH INC.  
ARNTEC DEFENSE PRODUCTS (ESTERLINE)  
OCEAN MIST/VALUE ADDED LINE  
RBI PACKING LLC  
SULTAN RANCHES  
GREENFIX AMERICA  
IES COMMERCIAL INC  
DAVE ERWIN**