

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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MAR 24 2014  
TUSTIN  
CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Puckett Charles E.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Tustin

Division, Board, Department, District, if applicable

Your Position

City Council Member

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

Agency: Transportation Corridor Agencies/OCFA

Position: Board Member/Alternate

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PRACTICES COMMISSION  
2014 APR -9 PM :07

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

- State
- Multi-County \_\_\_\_\_
- City of Tustin

- 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.

- 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."

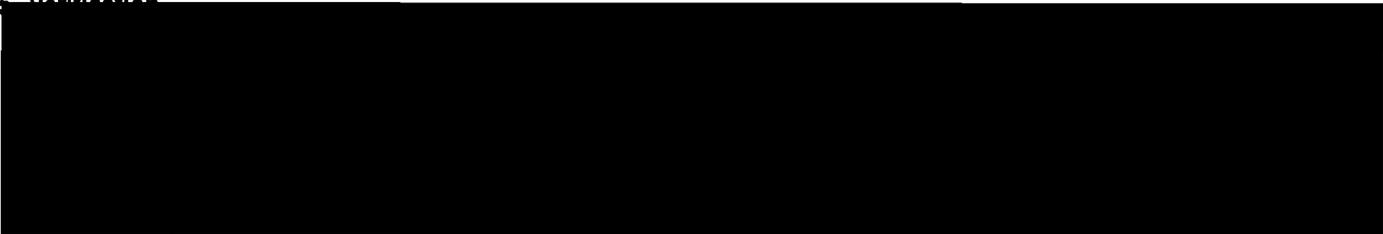
► Total number of pages including this cover page: 4

- 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

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

**SCHEDULE D**  
**Income - Gifts**

Name  
CHARLES E. Puckett

▶ NAME OF SOURCE (Not an Acronym)  
Standard Pacific

ADDRESS (Business Address Acceptable)  
15360 Barranca Parkway, IRVINE 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lunch

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 11, 13</u>	<u>\$ 20</u>	<u>Lunch</u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Jacobs

ADDRESS (Business Address Acceptable)  
3161 Michelsen DR. #500, IRVINE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lunch

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 12, 13</u>	<u>\$ 25</u>	<u>Lunch</u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Tustin Community Bank

ADDRESS (Business Address Acceptable)  
13891 Newport Ave, Tustin 92780

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
(BROADWAY IN THE PARK) TUSTIN, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 24, 13</u>	<u>\$ 160</u>	<u>Tickets to Event</u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>

▶ 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)
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>

▶ 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)
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>

▶ 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)
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>
<u>   /   /   </u>	<u>\$</u>	<u>                  </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
CHARLES E. Puckett

▶ NAME OF SOURCE (Not an Acronym)  
Manufactured Housing Educational Trust  
 ADDRESS (Business Address Acceptable)  
25241 Paseo de Alicia, Laguna Hills, CA 92653  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Breakfast + speaker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/5/13</u>	<u>\$ 20</u>	<u>Breakfast</u>
<u>   </u>	<u>\$</u>	<u>   </u>
<u>   </u>	<u>\$</u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
California Apartment Owners Assoc.  
 ADDRESS (Business Address Acceptable)  
980 Ninth St. Ste. 1430, Sacramento, CA. 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Breakfast + speaker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/7/13</u>	<u>\$ 20</u>	<u>   </u>
<u>   </u>	<u>\$</u>	<u>   </u>
<u>   </u>	<u>\$</u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
Kaiser Permanente (John Stratman)  
 ADDRESS (Business Address Acceptable)  
1900 E. 4th St., Santa Ana, Ca 92705  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Breakfast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/24/13</u>	<u>\$ 25</u>	<u>Breakfast</u>
<u>   </u>	<u>\$</u>	<u>   </u>
<u>   </u>	<u>\$</u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
SMITH Public Affairs  
 ADDRESS (Business Address Acceptable)  
1517 W. BRADAN CT, ORANGE, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Orange Community Foundation Golf

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/29/13</u>	<u>\$ 25</u>	<u>G.G. state of City Luncheon</u>
<u>3/1/13</u>	<u>\$ 100</u>	<u>Orange Community Golf</u>
<u>6/19/13</u>	<u>\$ 25</u>	<u>Santa Ana State of city</u>

▶ NAME OF SOURCE (Not an Acronym)  
Smith Public Affairs  
 ADDRESS (Business Address Acceptable)  
1517 W. Bradan Ct., Orange, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/18/13</u>	<u>\$ 25</u>	<u>Follerton Prayer Breakfast</u>
<u>11/4/13</u>	<u>\$ 100</u>	<u>GOLF-OCBC TOURNEY</u>
<u>   </u>	<u>\$</u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
Vester Development  
 ADDRESS (Business Address Acceptable)  
7575 Carson Blvd., Long Beach, CA 90808  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lunch

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/7/13</u>	<u>\$ 25</u>	<u>Lunch</u>
<u>   </u>	<u>\$</u>	<u>   </u>
<u>   </u>	<u>\$</u>	<u>   </u>

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
CHARLES E. PUCKETT

- 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)  
METropolitan Water Dist.

ADDRESS (Business Address Acceptable)  
700 N. Alameda St.

CITY AND STATE Los Angeles, Calif

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Colorado River TOUR

DATE(S): 3/8/10 AMT: \$ 300  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description TOUR

▶ NAME OF SOURCE (Not an Acronym)  
METropolitan Water Dist.

ADDRESS (Business Address Acceptable)  
700 N. Alameda St.

CITY AND STATE Los Angeles, Calif

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
California annual TRIP (TOUR)

DATE(S): 4/12/13 AMT: \$ 675  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description TOUR

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (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)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: No Reportable Interests