

Date Initial Filing
RECEIVED
MAR 19 2015
CITY OF REDWOOD CITY
Carmen
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Aguirre Alicia Carmen
CITY CLERK

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Redwood City
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: MTC, CCAG, SBWMA, Oversight Board Position: Commissioner, Board Member

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

State
 Multi-County Nine Bay Area Counties
 City of Redwood City
 Judge or Court Commissioner (Statewide Jurisdiction)
 County of San Mateo
 Other _____

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

Annual: The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is _____ through December 31, 2014.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, 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

Date Signed 03/16/2015
(month, day, year)

**SCHEDULE D
Income – Gifts**

Name
Alicia Aguirre

▶ NAME OF SOURCE (Not an Acronym)
Latino Caucus-League of California Cities

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mid-Year Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 14	\$ 222.00	Reception/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)
Peninsula Division-League of California Cities

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Breakfast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 05 / 14	\$ 22.00	Meal
	\$	
	\$	

▶ 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: _____