



STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE



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Please type or print in ink.

NAME OF FILER (LAST) 2013 APR 13 PM 2:59 (FIRST) Robert (MIDDLE) CITY OF LA QUINTA CALIFORNIA

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

City 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 _____

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 12/2/2013, through December 2, 2014.
- Assuming Office: Date assumed 12/04/2014
- 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: _____

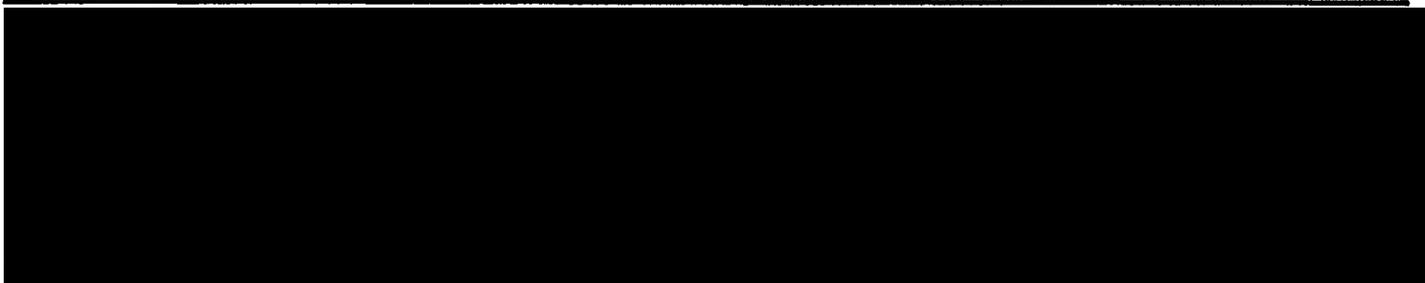
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 10

- 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 11/24/2014
 (month, day, year)

Clear Page

Print Form

SCHEDULE D
Income – Gifts

Name _____

▶ NAME OF SOURCE (Not an Acronym)
 Mike Davis

ADDRESS (Business Address Acceptable)
 54785 Avenida Rubio La Quinta CA 92253

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 15 / 14	\$ 75.00	Indian Wells Tennis
___ / ___ / ___	\$ _____	Tournament
___ / ___ / ___	\$ _____	_____

▶ 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: _____

Name _____

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

- 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)
Taylor Realty Advisor

ADDRESS (Business Address Acceptable)
5052 S Jones Blvs

CITY AND STATE
Las Vegas, NV 89118

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Chair - Advisory Board

DATE(S): ____/____/____ - ____/____/____ AMT: \$ **2,500.00**
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Chair Advisory Board
Received travel and accommodation

▶ NAME OF SOURCE (Not an Acronym)
China US Strategic Ventures

ADDRESS (Business Address Acceptable)
1029 Vermont Ave NW, 7F

CITY AND STATE
Washington, DC 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Member - Advisory Board

DATE(S): ____/____/____ - ____/____/____ AMT: \$ **1,500.00**
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Received accommodation and travel

▶ NAME OF SOURCE (Not an Acronym)
Walley Park

ADDRESS (Business Address Acceptable)
9700 Bellanca Ave

CITY AND STATE
Los Angeles, CA 90045

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ **300.00**
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Advisor to the president
Received short and long term parking

▶ NAME OF SOURCE (Not an Acronym)
Scholarship America - CA Board

ADDRESS (Business Address Acceptable)
1550 American Blvd Ste 155

CITY AND STATE
Minneapolis, MN 55423

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ **200.00**
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Received Parking Validation at 333 Hope St Los Angeles, CA 90071 for each Board meeting

Comments: _____