

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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NAME OF FILER (LAST) Blackburn (FIRST) Keith (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Carlsbad City Council  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Councilman

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

Agency: See attachment Position:

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of
- City of Carlsbad  Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.  Leaving Office: Date Left (Check one)
- or- The period covered is through December 31, 2014.  The period covered is January 1, 2014, 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: 5
- 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

herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

Date Signed 2-20-15  
(month, day, year)

Agency	Division/Board/Dept/District	Position	Type of Statement
City of Carlsbad	City Council	Councilman	Annual 1/1/2014 – 12/31/2014
Successor Agency to the Carlsbad Redevelopment Agency		Councilman	Annual 1/1/2014 – 12/31/2014
Carlsbad Municipal Water District		Board Member	Annual 1/1/2014 – 12/31/2014
Community Development Commission		Commissioner	Annual 1/1/2014 – 12/31/2014
Public Financing Authority		Board Member	Annual 1/1/2014 – 12/31/2014
Public Improvement Corporation		Board Member	Annual 1/1/2014 – 12/31/2014
Industrial Development Authority		Board Member	Annual 1/1/2014 – 12/31/2014





**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Grand Pacific Resort  
 ADDRESS (Business Address Acceptable)  
Carlsbad CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/22/14</u>	<u>\$ 60</u>	<u>State &amp; City</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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
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____/____/____	\$ _____	_____

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____/____/____	\$ _____	_____
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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

Please type or print in ink.

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RECEIVED  
FEB 9 2015  
CITY OF CARLSBAD  
CITY CLERK'S OFFICE

NAME OF FILER (LAST) (FIRST)  
Blackburn Keith

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Carlsbad City Council

Division, Board, Department, District, if applicable  
City Council

Your Position  
Councilman

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

See Attachment  
Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

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- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
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- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

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

herein and in any attached schedules is true and complete. I acknowledge  
I certify under penalty of perjury under the laws of the State of California

Date Signed 2-1-15  
(month, day, year)





**SCHEDULE D  
 Income – Gifts**

Name  
**Keith Blackburn**

▶ NAME OF SOURCE (Not an Acronym)  
Grand Pacific Resort  
 ADDRESS (Business Address Acceptable)  
Carlsbad CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/22/14	\$ 60	State of City
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
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 ADDRESS (Business Address Acceptable)  
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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____/____/____	\$ _____	_____

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____/____/____	\$ _____	_____

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