



2015 APR 1 11:03 AM

CITY OF SANTEE

Please type or print in ink.

NAME OF FILER

(LAST)

DALE

(FIRST)

JACK

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Santee

Division, Board, Department, District, if applicable

Your Position

COUNCIL

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

Agency:

SAN DIEGO ASSOC. OF GOVERNMENTS

Position:

Board Chair

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
15 APR -6 PM 3:16

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of SAN DIEGO

City of _____

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

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

Date Signed

3/31/15

(month, day, year)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Jack E. Dale

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
8345 Rumson

CITY
San Jose

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/14 DISPOSED 1/14

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1001 B St # 213

CITY
COVINGTON CA 92018

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/14 DISPOSED 1/14

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
Jack Dale Insurance Agency LLC

* 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 _____ TERM (Months/Years) _____
 _____% None

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 _____ TERM (Months/Years) _____
 _____% None

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
Jack E. Dale

▶ NAME OF SOURCE (Not an Acronym)
SANDEROO Christian College
 ADDRESS (Business Address Acceptable)
200 Hiverview Pkwy Santee 92071
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 8, 14</u>	<u>20⁻</u>	<u>Breakfast</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
DADIAN ASSOC
 ADDRESS (Business Address Acceptable)
477 C Street, Ste 311, SD Ca 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
MANAGED SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10, 8, 14</u>	<u>\$ 150⁻</u>	<u>TIX and DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Cox Communication
 ADDRESS (Business Address Acceptable)
P.O. Box 787 Goleta, Ca 93116
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 17, 15</u>	<u>\$ 1250</u>	<u>Baseball TIX</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
BIA
 ADDRESS (Business Address Acceptable)
9201 Spectrum Blvd. Ste 110, SD 92123
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
election official Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 19, 14</u>	<u>\$ 100⁻</u>	<u>Drinks</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
WTS OF SAN DIEGO
 ADDRESS (Business Address Acceptable)
1701 K Street, NW, Ste. 800, Washington DC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
advancing women in transportation foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 18, 14</u>	<u>\$ 150⁻</u>	<u>TIX to Scholarship Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Richard Geyser Community Award
 ADDRESS (Business Address Acceptable)
2508 Historic Decatur Rd. Ste. 200, SD 92106
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
SD Human Dignity Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 6, 14</u>	<u>\$ 250</u>	<u>Dinner/TIX</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name
Jack E. Dale

▶ NAME OF SOURCE (Not an Acronym)
SAN DIEGO Port Authority
 ADDRESS (Business Address Acceptable)
3115 Pacific Hwy SD Ca 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lunch

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 9, 14</u>	<u>\$ 100</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Grossmont Hospital Foundation
 ADDRESS (Business Address Acceptable)
5555 Grossmont Center Dr. La Mesa 91942
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Award Point

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 14, 14</u>	<u>\$ 100</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
SAN DIEGO First County Chamber
 ADDRESS (Business Address Acceptable)
2015 Magnolia Ave El Cajon, Ca 92020
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Installation event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 25, 14</u>	<u>\$ 150</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
American Lung Assoc Dinner
 ADDRESS (Business Address Acceptable)
27504th Avenue SD Ca 92103
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 6, 14</u>	<u>\$ 250</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Santee Chamber Awards Bruch
 ADDRESS (Business Address Acceptable)
10315 Mission Gorge Rd Santee 92071
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 20, 15</u>	<u>\$ 100</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
WTS Bowling event (San Diego)
 ADDRESS (Business Address Acceptable)
1701 K Street, NW, Ste 800, Washington DC 20004
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advancing Women in Transportation Foundatn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 10, 14</u>	<u>\$ 100</u>	<u>Tix to Event</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____