



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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E-Filed
03/27/2015
15:25:45
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154806626

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Emerald, Martha N.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of San Diego
Division, Board, Department, District, if applicable
Your Position
Councilmembers
Councilmember District 9

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of
- City of San Diego 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
- 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.
- 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 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

Date Signed 03/27/2015
(month, day, year)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Martha N. Emerald

Agency	Division/Board/Dept/District	Position	Type of Statement
City of San Diego	Mission Trails Reg Park Task Force	Councilmember	Annual 1/1/2014 - 12/31/2014
CITY OF SAN DIEGO	Public Facilities Financing Authority	Member	Annual 1/1/2014 - 12/31/2014
County of San Diego	MTS	Board of Director	Annual 1/1/2014 - 12/31/2014
County of San Diego	SANDAG	Board Member, Executive Committee Member, Public Safety Committee Member	Annual 1/1/2014 - 12/31/2014

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
SDSU Geology Alumni Association
 ADDRESS (Business Address Acceptable)
5500 Campanile Dr.
San Diego, CA 92182
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 18 / 14</u>	<u>\$ 50.00</u>	<u>Student Union Mixer</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Rosalind Winstead
 ADDRESS (Business Address Acceptable)
3940 Sevent Ave. Suite 210
San Diego, CA 92103
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 20 / 14</u>	<u>\$ 50.00</u>	<u>MLK Breakfast</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>

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 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>

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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>

Filer's Verification

Date Signed 03/27/2015
(month, day, year)

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- 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)
 League of California Cities
 ADDRESS (Business Address Acceptable)
 1400 K Street
 CITY AND STATE
 Sacramento , CA 95814
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legislative Action Meetings; And Conference
 DATE(S): 04 / 23 / 14 - 07 / 18 / 14 AMT: \$ 521.45
 (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
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 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
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

Filer's Verification

Date Signed 03/27/2015

Comments: League of California Cities - Travel, meals and lodging for volunteer services as a member of the League Board of Directors

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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03/24/2015
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Emerald, Martha N.

1. Office, Agency, or Court

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Your Position
Councilmembers
Councilmember District 9

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4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached
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 - 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 03/24/2015
(month, day, year)

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Expanded Statement Attachment**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Martha N. Emerald

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County of San Diego	SANDAG	Board Member, Executive Committee Member, Public Safety Committee Member	Annual 1/1/2014 - 12/31/2014

STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
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- Judge or Court Commissioner (Statewide Jurisdiction)
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