CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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City of Escondido
City Clerk's Office
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FAIR POLITICAL PRACTICES COMMISSION
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Please type or print in ink.

NAME OF FILER (LAST): GALLO (FIRST): ED (MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: CITY OF ESCONDIDO

Division, Board, Department, District, if applicable: COUNCIL

Your Position: COUNCIL MEMBER

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

SEE ATTACHMENT

Agency: SAN DIEGO ASSOCIATION OF GOVERNMENTS - ALT BORDER COMMITTEE

Agency: NORTH COUNTY TRANSIT DISTRICT BOARD MEMBER

~~Position~~: SAN DIEGO COUNTY WATER AUTHORITY BOARD MEMBER

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

- ☐ State
- ☐ Multi-County
- ☑ City of ESCONDIDO
- ☐ 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, 2014, through December 31, 2014.

-or-

The period covered is __/__/__, through December 31, 2014.

☐ **Assuming Office:** Date assumed __/__/__

☐ **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:*** 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*

5.

[redacted]

herein and in [redacted] and complete. I ackn[redacted]

I certify unde[redacted] e laws of the State of [redacted]

Date Signed [redacted] 2-18-15 [redacted]

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: ED GALLO

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: ESCONDIDO CHAMBER OF COMMERCE
ADDRESS *(Business Address Acceptable)*: 710 N. BROADWAY, ESCONDIDO, CA 92025
BUSINESS ACTIVITY, IF ANY, OF SOURCE: BUSINESS CHAMBER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/13/14	$ 90	INSTALLATION DINNER
/ /	$	
/ /	$	

► 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)*: ELIZABETH WOHLFORD
ADDRESS *(Business Address Acceptable)*: PO BOX 5005-17, RANCHO SANTA FE CA 92067
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/26/14	$ 125	ROTARY FOUNDATION CONCIERGE CUISINE TICKET
/ /	$	
/ /	$	

► 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:

ATTACHMENT TO CALIFORNIA FORM 700-ED GALLO

Los Angles San Diego Rail Corridor Agency.

LOSSAN Rail Corridor Agency
600 South Main Street
Orange, CA 92868