



CLERK MAR 10 15 AM 10:06

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
GARBARINO RICHARD A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF SOUTH SAN FRANCISCO  
Division, Board, Department, District, if applicable  
CITY COUNCIL  
Your Position  
MAYOR

► 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 SOUTH SAN FRANCISCO
- 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: \_\_\_\_\_

- 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 information provided on this form and in any attached schedules is true and complete to the best of my knowledge.

Date Signed February 4, 2015  
(month, day, year)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
RICHARD GARBARINO

- 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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Advocacy for cities and their residents

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Travel, meals and lodging for volunteer services as a member of the League board of directors

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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League of California Cities

ADDRESS (Business Address Acceptable)  
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CITY AND STATE  
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Advocacy for cities and their residents

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Meals provided to family members

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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

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Date Initial Filing Received  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
GARBARINO RICHARD A

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
CITY OF SOUTH SAN FRANCISCO  
Division, Board, Department, District, if applicable Your Position  
SUCCESSOR AGENCY AGENCY 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  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of SOUTH SAN FRANCISCO  Other \_\_\_\_\_

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

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-or-  
The period covered is \_\_\_\_\_ through December 31, 2014.  
 Assuming Office: Date assumed \_\_\_\_\_  
 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.  
 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: \_\_\_\_\_  
 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 February 4, 2015  
(month, day, year)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
RICHARD GARBARINO

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League of California Cities

ADDRESS (Business Address Acceptable)  
1400 K Street

CITY AND STATE  
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Advocacy for cities and their residents

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Travel, meals and lodging for volunteer services as a member of the League board of directors

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CITY AND STATE

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 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Meals provided to family members

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CITY AND STATE

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DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
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Other - Provide Description \_\_\_\_\_

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

CG  
STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing  
Received  
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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
GARBARINO RICHARD A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
SO. SAN FRANCISCO CONFERENCE CENTER AUTHORITY  
Division, Board, Department, District, if applicable  
BOARD OF DIRECTORS  
Your Position  
BOARD MEMBER

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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**Travel Payments, Advances,**  
**and Reimbursements**

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