

AT/AN2014

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Official Use Only

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

TN

E-Filed
02/13/2015
13:18:06
Filing ID:
154125852

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Katapodis, Jim

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF HUNTINGTON BEACH

Division, Board, Department, District, if applicable

Your Position

City Council

Councilmember

► 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

Imperial, Los Angeles, Orange,

Multi-County Riverside, San Bernardino, Ventura

Judge or Court Commissioner (Statewide Jurisdiction)

County of _____

City of Huntington Beach

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.

Assuming Office: Date assumed 01 / 01 / 2015
See attached

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: 2

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 02/13/2015

(month, day, year)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Jim Katapodis

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF HUNTINGTON BEACH	City Council	Councilmember	Annual 1/1/2014 - 12/31/2014
Southern California Association of Governments		Member-Regional Council	Annual 1/1/2014 - 12/31/2014
League of California Cities	Policy Committee	Member	Annual 1/1/2014 - 12/31/2014
Orange County Council of Governments	District 64	Board Director	Annual 1/1/2014 - 12/31/2014
Orange County Transportation		Board of Director	Assuming Office 2/9/2015
Orange County Sanitation District		Board of Director	Assuming Office 1/1/2015

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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01/12/2015
12:47:34Filing ID:
153692875

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Katapodis, Jim			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF HUNTINGTON BEACH

Division, Board, Department, District, if applicable

Your Position

City Council

Councilmember

▶ 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

Imperial, Los Angeles, Orange,

 Judge or Court Commissioner (Statewide Jurisdiction) Multi-County Riverside, San Bernardino, Ventura County of _____ City of Huntington Beach 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: 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

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 01/12/2015

(month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jim Katapodis

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF HUNTINGTON BEACH	City Council	Councilmember	Annual 1/1/2014 - 12/31/2014
Southern California Association of Governments		Member-Regional Council	Annual 1/1/2014 - 12/31/2014
League of California Cities	Policy Committee	Member	Annual 1/1/2014 - 12/31/2014
Orange County Council of Governments	District 64	Board Director	Annual 1/1/2014 - 12/31/2014

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Katapodis, Jim

▶ 1. BUSINESS ENTITY OR TRUST

Katapodis Consulting
Name
6571 Paris Cir
Huntington Beach, CA 92647
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
consulting firm on law enforcement policies and procedures
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____ DISPOSED _____
NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other _____
YOUR BUSINESS POSITION Principal

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below
City of Los Angeles
Fox & Fox, S.C.

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____ DISPOSED _____
NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining _____
 Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____ DISPOSED _____
NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other _____
YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____ DISPOSED _____
NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining _____
 Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
Rainbow Environmental Services
 ADDRESS (Business Address Acceptable)
 17121 Nichols Lane
 Huntington Beach, CA 92647
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
waste management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 29 / 14	\$ 55.00	Amigos de Bolsa Chica brunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Coating Resource Corporation
 ADDRESS (Business Address Acceptable)
 15541 Commerce Lane
 Huntington Beach, CA 92649
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
manufacturing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 07 / 14	\$ 200.00	Bolsa Chica Conservancy gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities
 ADDRESS (Business Address Acceptable)
 1400 K St #400
 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
public policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 03 / 14	\$ 100.00	dinner during annual retreat
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____