CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION

Date Received
For Filing Officer Only
RECEIVED
City Clerk's Office
MAR 07 2011

Please type or print in ink.

11 APR -8 PM 3:58

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
McIntire	Joyce	

1. Office, Agency, or Court

Agency Name: City of Calimesa

Division, Board, Department, District, if applicable: City Council Member

Your Position: Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Calimesa Redevelopment Agency

Position: Agency Member

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of Calimesa
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ **Assuming Office:** Date ____/____/____

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*

- ○ The period covered is January 1, 2010, 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.

I have used all reasonable diligence in preparing this statement. I have reviewed th
herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California tha

Date Signed 3-7-11 *(month, day, year)*

Signatu

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
RICHARD, WATSON, GERSHON
ADDRESS *(Business Address Acceptable)*
355 S. GRAND AVE LA CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/11/10	$42.70	DINNER
12/13/10	$29.00	XMAS GIFT
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
RIVERSIDE CO ECONOMIC DEVELOPMENT AGENCY
ADDRESS *(Business Address Acceptable)*
3403 10th ST. Suite 500 RIVERSIDE CA 92501
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/16/11	$80.00	DATE FESTIVAL FAIR TICKETS
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: