CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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EB

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Garrick	Martin	W.

1. Office, Agency, or Court

Agency Name
California State Legislature

Division, Board, Department, District, if applicable: 74th State Assembly District

Your Position: Assemblyman

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

Agency: _____ Position: _____

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

☒ State
☐ Multi-County _____
☐ City of _____
☐ 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.

2011 MAR -1 PM 2:50

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 19

☒ **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*

herein and in any attached schedules is true and complete. I acknowledge this is a

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

Date Signed March 1, 2011 (month, day, year) Signature

FPPC Form 700

The filer, Martin Garrick, had made a good faith effort to identify, value and report all gifts tickets, travel payments, beverages, meals and reimbursements related to travel in connection with speeches, panels seminars, reception or other similar events received during the calendar year of 2010.

The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages.

The filer has relied in part for this tracking system upon the persons and the entities, associations and individuals providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is unintended and inadvertent.

Name: MARTIN GARRICK (Print name)

Date: March 1, 2011

Signature (d)(5)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

► NAME OF BUSINESS ENTITY: Realty Income Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: R.E.I.T.

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Federal National Mortgage Assoc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Mortgages

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Bonds (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Ford Motor Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Automobile

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Bonds (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Frederick's Fund IV

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Limited Partnership

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [x] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [x] Partnership
  - ○ Income Received of $0 - $499
  - ⊗ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: General Motors

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Automobile

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Bonds (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

► NAME OF BUSINESS ENTITY: Chevron Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Energy

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Medronic, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Medical Technology

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: G.E. Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Industrials

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Microsoft Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Technology

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Kimberly Clark Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Consumer Staples

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Proctor & Gamble, Co

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Consumer Discretionary

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

Comments: The above-mentioned stocks are those of spouse, Jane Garrick, and represent separate property

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

► NAME OF BUSINESS ENTITY: Tiffany & Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Consumers Discretionary

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Auga Mansa Properties, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Construction material depot

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Wal Mart Stores

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Consumer goods

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Wells Fargo & Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Financial

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

Comments: The above-mentioned stocks are those of spouse, Jane Garrick, and represent separate property

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: Martin Garrick

▶ 1. BUSINESS ENTITY OR TRUST

Name: Admiral Property Company

Address (Business Address Acceptable): P.O. Box 881, Solana Beach, CA 92075

Check one: ☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Property Management

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ Other: Held in trust

YOUR BUSINESS POSITION: President

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

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

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

See attached list

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property: 7020/7030 Alamitos Ave, San Diego, CA 92154

Description of Business Activity or City or Other Precise Location of Real Property: Property management of multi-tenant use

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other ____

☐ 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 BUSINESS ACTIVITY:

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ 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
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

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

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property:

Description of Business Activity or City or Other Precise Location of Real Property:

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other ____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: Company's ownership held in member's living trust

ADMIRAL PROPERTY COMPANY TENANT LIST

2010

REMCOR TECHNICAL INDUSTRIES, INC.
RON MUELLER

FEDERAL RESOURCE SUPPLY COMPANY
JOEL LOPEZ

CARLRIGHT METROLOGY
RICK REISBERG

SNACK EXPORT INC.
RAMON VAZQUEZ

ANGUIANO CONSULTING
MELISA CARSON

DEL MAR PENINSULA
LOURDES ARJONA

INK IT
MARIO GUERRA

PRISM MARITIME
VICTORIA DEWEY

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
4940 El Acebo
CITY
Rancho Santa Fe, CA 92067

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
Kelise R. Ward

► STREET ADDRESS OR PRECISE LOCATION
7020/7030 Alamitos Ave
CITY
San Diego, CA 92154

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
See attached list of tenants

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: All properties held in member's living trust

Tenant List
2010

Address: **4940 El Acebo**

Tenant: **Kelise (Ruth) Ward**

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Admiral Property Company

ADDRESS *(Business Address Acceptable)*: P.O. Box 881, Solana Beach, CA 92075

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Property Management, real estate investment

YOUR BUSINESS POSITION: President

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☒ Rental Income, *list each source of $10,000 or more*

See schedule B for list of properties

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Fredrick'sFund IV

ADDRESS *(Business Address Acceptable)*: 2600 E. Nutwood, 10th Fl, Fullerton, CA 92831

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Limited Partnership

YOUR BUSINESS POSITION: .2639070% interest

GROSS INCOME RECEIVED
- ☒ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*

- ☒ Other Dividend *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*: _____

ADDRESS *(Business Address Acceptable)*: _____

BUSINESS ACTIVITY, IF ANY, OF LENDER: _____

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE: _____% ☐ None

TERM (Months/Years): _____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Solana Beach School District

ADDRESS *(Business Address Acceptable)*
309 N. Rios Ave., Solana Beach, CA 92075

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Elementary School

YOUR BUSINESS POSITION
Teacher

GROSS INCOME RECEIVED
- [x] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE
_____ % [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*
  _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: California Tribal Business Alliance
ADDRESS: 455 Capitol Mall, Suite 801 Sacramento Ca 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/12/10	$ 92.68	reception
/ /	$	
/ /	$	

► NAME OF SOURCE: NFIB
ADDRESS: 455 Capitol Mall, Suite 225 Sacramento Ca 95864
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/26/10	$ 27.82	reception
04/28/10	$ 66.78	dinnesr
/ /	$	

► NAME OF SOURCE: Wine Institute
ADDRESS: 425 Market Street, Suite 1000 San Francisco 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/08/10	$ 57.49	reception
/ /	$	
/ /	$	

► NAME OF SOURCE: California New Car Dealers Association
ADDRESS: 1415 L Street, Suite 700 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/23/10	$ 106.57	dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: California Chamber of Commerce
ADDRESS: 1215 K Street, Suite 1400 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/17/10	$ 32.66	reception
05/24/10	$ 57.85	dinner
/ /	$	

► NAME OF SOURCE: Pacific Gas & Electric
ADDRESS: 1415 L Street, Suite 280 Sacramento Ca 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/20/10	$ 209.86	dinner
11/15/10	$ 196.11	reception
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
California Business Properties Association
ADDRESS (Business Address Acceptable)
1121 "L" St. #809, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 13 / 10	$ 5.51	Lunch
/ /	$	
/ /	$	

► NAME OF SOURCE
Doctors of Physical Therapy
ADDRESS (Business Address Acceptable)
6221 Metropolitan St. #101 Carlsbad, CA 92009
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Physical Therapy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 22 / 10	$ 45.00*	Floral arrangement
/ /	$	
/ /	$	

► NAME OF SOURCE
Associated Builders & Contractors - San Diego
ADDRESS (Business Address Acceptable)
13825 Kirkham Way, Poway, CA 92064
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Building and contracting industry advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 22 / 10	$ 90.00	Dinner event
/ /	$	
/ /	$	

► NAME OF SOURCE
California Correctional Peace Officers Association
ADDRESS (Business Address Acceptable)
755 Riverpoint Dr. , West Sacramento, CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 27 / 10	$ 46.48	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Child Welfare League of America
ADDRESS (Business Address Acceptable)
P.O. Box 60235, Irvine, CA 92602
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Child advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 27 / 10	$ 45.00*	Floral arrangement
/ /	$	
/ /	$	

► NAME OF SOURCE
Wells Fargo Bank
ADDRESS (Business Address Acceptable)
700 Garden View Ct #208, Encinitas, CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 5 / 10	$ 15.00	Framed photo
/ /	$	
/ /	$	

Comments: * Best estimates

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: Visa
ADDRESS (Business Address Acceptable): 1300 Connecticut Ave, NW Suite 900 DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Banking & Finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/05/10	$166.70	Dinner
08/05/10	$166.70	Dinner - Spouse
/ /	$	

► NAME OF SOURCE: ALEC
ADDRESS (Business Address Acceptable): 1101 Vermont Ave, 11th Floor, DC 200005
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Legislative Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/06/10	$158.78	Dinner
08/06/10	$158.78	Dinner - Spouse
/ /	$	

► NAME OF SOURCE: Barona Band of Mission Indians
ADDRESS (Business Address Acceptable): 1932 Wildcat Canyon Rd. Lakeside CA 92040
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/14/10	$56.25	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: Federal Express
ADDRESS (Business Address Acceptable): 1215 K Street, Suite 1733 Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Parcel Delivery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/16/10	$113.00	Dinner
11/16/10	$113.00	Dinner - Spouse
11/17/10	$26.97	Dinner

► NAME OF SOURCE: California Manufactures & Technology Assn.
ADDRESS (Business Address Acceptable): 1115 11th Street, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/18/10	$124.00	Dinner
11/18/10	$124.00	Dinner - Spouse
/ /	$	

► NAME OF SOURCE: John Perez
ADDRESS (Business Address Acceptable): 777 So. Figueroa St. Suite 4050 Los Angeles 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Assemblymember

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/06/10	$110.00	leather portfolio
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: California Independent Voter Project
ADDRESS: 2350 Kerner Blvd, Suite 250 San Rafael Ca 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/14/10	$ 1951.34	Food & Lodging
/ /	$	PAID IN FULL 2/1/11
/ /	$	

► NAME OF SOURCE: Astellas Pharma US, inc
ADDRESS: 3 Parkway North, Deerfield IL 60015
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Pharmaceuticals

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/14/10	$ 171.86	dinner (self & spouse)
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: CA. INDEPENDENT VOTER PROJECT WAS REIMBURSED THE TOTAL COST OF FOOD AND LODGING ON 02/01/2011

CAIVP
CALIFORNIA INDEPENDENT VOTER PROJECT

Honorable Martin Garrick
(d)(5)

RE: Notification of Reportable Gift

Dear Assembly Member Garrick:

You participated in the California Independent Voter Project Business and Leadership Conference last month in Maui, Hawaii, November 14 through November 18, 2010.

Our legal counsel, Nielsen Merksamer, has advised us that the FPPC's new rule is that costs provided by CAIVP for your accommodations, receptions, and dinner for your participation as a panelist are legal and not subject to the 2010 $ 420.00 gift limitation provided you disclose those expenses on your 2010 Statement of Economic Interest which you will file in early 2011.

Our records show the total costs for you are: $ 1,951.34
A breakdown of the costs is attached to this letter.

The FPPC has changed another gift definition regulation since the November 2009 conference. This rule explains when you need to consider the host of an event like the 2010 conference to be CAIVP as the sponsoring organization or its financial sponsors. The FPPC address this regulation in two advice letters, one that states the hosting entity, in this case CAIVP, is the provider of the gift. Another advice letter advises that the entities funders were the providers of the gift.

Neilsen Merksamer has counseled CAIVP that the November 2010 conference in Maui

MARTIN W. GARRICK
(d)(5)

4778

Feb. 1, 2011 DATE

16-24/1220 4675
0290884782

PAY TO THE ORDER OF C.A.I.V.P. $ 1951.34

One thousand nine hundred fifty-one 34/100 DOLLARS

Security Features Details on Back.

WELLS FARGO
Wells Fargo Bank, N.A.
California
wellsfargo.com

PRIVATE BUSINESS CHECKING

(d)(5)

FOR HA

[redacted]

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
American Israel Public Affairs Committee - Southern
ADDRESS *(Business Address Acceptable)*
9339 Genesee Ave #270, San Diego, CA 92121
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbying

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 7 / 10	$ 35.00	Dinner
/ /	$	
/ /	$	

► 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
Hewlett-Packard Corp via McKenna Long Attorneys
ADDRESS *(Business Address Acceptable)*
303 Peachtree St., NE #5300 Atlanta, GA 30308
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tech lobbying

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 11 / 10	$ 13.81	Meal
/ /	$	
/ /	$	

► 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
City of Carlsbad
ADDRESS *(Business Address Acceptable)*
1200 Carlsbad Village Dr., CA 92008
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 15 / 10	$ 45.95	City logo jacket
/ /	$	
/ /	$	

► NAME OF SOURCE

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Rancho Coastal Humane Society
ADDRESS *(Business Address Acceptable)*
389 Requeza St., Encinitas, CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Animal rescue

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 10	$ 200.00	Anniversary event
/ /	$	
/ /	$	

► NAME OF SOURCE
San Diego Association of Realtors
ADDRESS *(Business Address Acceptable)*
4845 Ronson Court, San Diego, CA 92111
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 16 / 10	$ 100.00	Installation dinner
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

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

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

Comments:

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Martin Garrick

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

► NAME OF SOURCE: San Diego County Regional Airport Authority
ADDRESS: P.O. Box 82776
CITY AND STATE: San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: airport parking
DATE(S): 01/01/10 - 12/31/10 (If applicable) AMT: $ 5711.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: airport parking for legislative business (limits do not apply)

► NAME OF SOURCE:
ADDRESS:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): ___/___/___ - ___/___/___ (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE:
ADDRESS:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): ___/___/___ - ___/___/___ (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE:
ADDRESS:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): ___/___/___ - ___/___/___ (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments: