CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CG

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 APR -7 AM 11:40

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Please type or print in ink.

NAME OF FILER (LAST): McKEE (FIRST): JOSEPH (MIDDLE): G.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: CITY OF DESERT HOT SPRINGS

Division, Board, Department, District, if applicable

Your Position: COUNCILMEMBER

► 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 DESERT HOT SPRINGS
- ☐ 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:*** 7

- ☒ **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. Verification

[redacted]

Date Signed 3/8/2015 *(month, day, year)*

[redacted]

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

Nam JOSEPH G. MCKEE

► NAME OF BUSINESS ENTITY: INTEL
GENERAL DESCRIPTION OF THIS BUSINESS: COMPUTER CHIPS
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $10,001 - $100,000 [ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT: [X] Stock [ ] Other (Describe)
[ ] Partnership O Income Received of $0 - $499 O Income Received of $500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: COCA-COLA
GENERAL DESCRIPTION OF THIS BUSINESS: CONSUMER GOODS
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $10,001 - $100,000 [ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT: [X] Stock [ ] Other (Describe)
[ ] Partnership O Income Received of $0 - $499 O Income Received of $500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: GENERAL MILLS
GENERAL DESCRIPTION OF THIS BUSINESS: FOOD
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $10,001 - $100,000 [ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT: [X] Stock [ ] Other (Describe)
[ ] Partnership O Income Received of $0 - $499 O Income Received of $500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: NESTLE SA
GENERAL DESCRIPTION OF THIS BUSINESS: FOOD
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $10,001 - $100,000 [ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT: [X] Stock [ ] Other (Describe)
[ ] Partnership O Income Received of $0 - $499 O Income Received of $500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: PEPSICO INC
GENERAL DESCRIPTION OF THIS BUSINESS: CONSUMER GOODS
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 O Income Received of $0 - $499 O Income Received of $500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: PROCTER & GAMBLE
GENERAL DESCRIPTION OF THIS BUSINESS: CONSUMER GOODS
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $10,001 - $100,000 [ ] $100,001 - $1,000,000 [ ] Over $1,000,000
NATURE OF INVESTMENT: [X] Stock [ ] Other (Describe)
[ ] Partnership O Income Received of $0 - $499 O Income Received of $500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED ___/___/14 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 JOSEPH G. MCKEE

► NAME OF BUSINESS ENTITY: BERKSHIRE HATHAWAY
GENERAL DESCRIPTION OF THIS BUSINESS: FUND
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: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: ABBOT LABS
GENERAL DESCRIPTION OF THIS BUSINESS: DRUGS
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $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: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: ELI LILLY
GENERAL DESCRIPTION OF THIS BUSINESS: DRUGS
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $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: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: JOHNSON AND JOHNSON
GENERAL DESCRIPTION OF THIS BUSINESS: HEALTH CARE
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $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: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: EXXON
GENERAL DESCRIPTION OF THIS BUSINESS: ENERGY
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $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: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: ISHARES SILVER TRUST
GENERAL DESCRIPTION OF THIS BUSINESS: COMMODITIES
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $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: ___/___/14 ACQUIRED ___/___/14 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: JOSEPH G. MCKEE

► NAME OF BUSINESS ENTITY: PowerShares Commodity
GENERAL DESCRIPTION OF THIS BUSINESS: Index Fund
FAIR MARKET VALUE: [X] $2,000 - $10,000 [ ] $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: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: PIMC Money Market
GENERAL DESCRIPTION OF THIS BUSINESS: Fund
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 Money Market (Describe)
[ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: SPDR Energy Select
GENERAL DESCRIPTION OF THIS BUSINESS: Fund
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 ETF (Describe)
[ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: SPDR Gold Trust
GENERAL DESCRIPTION OF THIS BUSINESS: Fund
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 ETF (Describe)
[ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: _____
GENERAL DESCRIPTION OF THIS BUSINESS: _____
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: ___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY: _____
GENERAL DESCRIPTION OF THIS BUSINESS: _____
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: ___/___/14 ACQUIRED ___/___/14 DISPOSED

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: JOSEPH G McKEE

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
66810 3rd St.

CITY
Desert Hot Springs CA 92240

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

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 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.
☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Skyview Dr.

CITY
St. Peters, Nova Scotia, Canada

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

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 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.
☒ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course f 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: _____

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: JOSEPH G. McKEE

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: JOE McKEE IRA

ADDRESS (Business Address Acceptable): PO BOX 6367 GRAND RAPIDS, MI. 49516

BUSINESS ACTIVITY, IF ANY, OF SOURCE: BROOKTREE CAPITAL MANAGEMENT

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 (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Loan repayment
- ☐ Commission or
- ☐ Rental Income, list each source of $10,000 or more _____ (Describe)
- ☒ Other RETIREMENT INCOME (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 (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Loan repayment
- ☐ Commission or
- ☐ Rental Income, list each source of $10,000 or more _____ (Describe)
- ☐ 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 f 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: JOSEPH G. MCKEE

SCHEDULE D
Income – Gifts

NAME OF SOURCE (Not an Acronym): JR YORBA
ADDRESS (Business Address Acceptable): 777 E. TAHQUITZ CANYON PALM SPRINGS 92262
BUSINESS ACTIVITY, IF ANY, OF SOURCE: FOUNDATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/9/14	$ 60	DINNER
6/27/14	$ 60	DINNER
/ /	$	

NAME OF SOURCE (Not an Acronym): STEVE QUINTANILLA
ADDRESS (Business Address Acceptable): 65950 PIERSON BLVD. DHS 92240
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CITY ATTORNEY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/2/14	$ 75	MAYOR'S STATE OF THE CITY
6/2/14	$ 150	CARROTS FUNDRAISER
/ /	$	

NAME OF SOURCE (Not an Acronym): JOHN FURZEE
ADDRESS (Business Address Acceptable): 66358 DESERT VIEW AVE DHS 92240
BUSINESS ACTIVITY, IF ANY, OF SOURCE: DEVELOPER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/25/14	$ 100	BYG CLUB FUNDRAISER
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym): DESERT HOT SPRINGS SPA
ADDRESS (Business Address Acceptable): 10125 PALM DR DHS 92240
BUSINESS ACTIVITY, IF ANY, OF SOURCE: HOTEL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
SEE COMMENTS	$ 250	PICK UP CREW BREAKFEST
/ /	$	
/ /	$	

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: D.H.S. SPA PROVIDES A FREE BREAKFEST FOR ALL VOLUNTEERS FOR THE "PICK-UP CREW". I ATTENDED 24 EVENTS.