



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McLaughlin Gayle Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Richmond

Division, Board, Department, District, if applicable

Your Position

Mayor

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

Agency: See Attachment

Position:

RECEIVED
CITY CLERKS OFFICE
CITY OF RICHMOND
2014 MAY -5 PM 4:37

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

- State, Multi-County, City of Richmond, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 3

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
450 Civic Center Plaza Richmond CA 94904
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(510) 620-6503 mayor@officeofthemayor.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/5/2014 (month, day, year)

Signature [Signature] (File the originally signed statement with your filing official.)

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

- You must 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) Presidencia Republica Del Ecuador (Via MCSQARED PR Inc)

ADDRESS (Business Address Acceptable)
649 Morgan Ave

CITY AND STATE
Brooklyn, NY 11222

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

DATE(S): 9/15/13 - 9/21/13 AMT: \$ 4,498.94
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Travel expenses for trip to Ecuador to view crude oil contaminated rainforest.

▶ 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

▶ 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

Filer's Verification

Print Name Cate Ann McLaughlin

Office, Agency or Court Mayor, City of Richmond

Statement Type 2013/2014 Annual Assuming Leaving
 Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/5/2014
 (month, day, year)

Filer's Signature Cate Ann McLaughlin

Comments: _____

Attachment

California Form 700

McLaughlin, Gayle Ann

Agency: Police & Fireman's Pension Board

Position: Member

Agency: West Contra Costa Transportation
Authority Commission (WCCTAC)

Position: Alternate Member

Agency: Marin Clean Energy

Position: Alternate Member