## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

- CAR				
NA		FIRST)	MIDDLE) ANN	
1.			2	Emzeptidze
	Agency Name (Do not use acronyms) City of Richmond			ZYTO ZYTO
		Your Position May or	S E	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyr	ns)	3	
	Agency: See A Hachment	Position:	= 3	
2.	Jurisdiction of Office (Check at least one box)			
		Judge or Court Commissioner (Statewide J		
	0.1	County of		19
	City of RICHMONE	Other		
3.	Type of Statement (Check at least one box)			DESCRIPTION OF THE PARTY OF THE
	Annual: The period covered is January 1, 2013, through December 31, 2013.	Leaving Office: Date Left/(Check one)	<u> </u>	
	The period covered is/, through December 31, 2013.	<ul> <li>The period covered is January 1, 2013 leaving office.</li> </ul>	s, through the date of	f
	Assuming Office: Date assumed/	The period covered is/	, through	1
	Candidate: Election year and office sought, if different	than Part 1:	1	
A	Schedule Summary		2	
	Check applicable schedules or "None." ▶ Total number	er of pages including this cover p	ıage:	
	☐ Schedule A-2 - Investments – schedule attached       ☐ Schedule Schedule attached         ☐ Schedule B - Real Property – schedule attached       ☐ Schedule Schedule attached	edule C - Income, Loans, & Business Positi edule D - Income – Gifts – schedule attache edule E - Income – Gifts – Travel Payments	ed	
The desired	None - No reportable interests on ar	ny schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  450 Civic Center Plaza Richmon	, , ,	ZIP CODE 94904	
	DAYTIME TELEPHONE NUMBER (STO) 620-6503 E-MAIL AE	DDRESS (OPTIONAL)  AYOR Office of the M	ayor.net	= 1 1
	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 to $\frac{1}{2000}$	he foregoing is true and correct.	and la	la —
	Date Signed (month, day, year) Signature	(File the originally signed statement with your	filling official.	
Cumo		EDDI	C Form/700 (2013/2	2014)

FPPC Form 700 (2013/2014)
FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

# 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 LI Ecuador (VIA MCSQARED PR INL)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
649 Morgan AVE	
Brooklyn, NY 11222	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3
DATE(S): 9/5/3 9/21/3 AMT: \$4498.94	DATE(S):
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
welexmoses by trabs from doc to view	
rel expenses for tripto Ecucdor to view rele oil contaminated rainforest.	
NAME OF SOURCE (Not an Acronym)	Filer's Verification
ADDRESS (Business Address Acceptable)	Office, Agency Mayor, City of Richmond
CITY AND STATE	Statement Type 2013/2014 Annual Assuming Leaving
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	Annual Candidate
DATE(S): / / AMT s	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.
DATE(S)://	I certify under penalty of perjury under the laws of the State of
TYPE OF PAYMENT: (must check one) Gift Income	California that the foregoing is true and correct.  Date Signed $\frac{5}{5}$ $\frac{20/4}{(month, day, year)}$
Made a Speech/Participated in a Panel	Date Signed (month, day, year)
Other - Provide Description	Filer's Signature Jufe Mongay
	Filer's Signature

### Attachment

### California Form 700

McLaughlin, Gayle Ann

Agency: Police & Fireman's Pension Board Position: Member

Agency: West Contra Costa Transportation

Authority Commission (WCCTAC)

Agency: Marin Clean Energy Position: Alternate Member

Position: Alternate Member