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SAN DIEGO, CALIF.

CITY OF SAN DIEGO
MID-YEAR
DISCLOSURE OF REPORTABLE GIFTS
[S.D.M.C. § 27.3510]

A Public Document

FILING YEAR: 20¹³

Check if Amended Disclosure:

Please type or print in ink

NAME (Last)	(First)	(Middle)	Daytime Telephone Number	
Filner	Bob		(619) 236-6330	
MAILING Address (May be business address)	Street	City	Zip	Optional: FAX / E-Mail Address
202 C Street, 11th Floor		San Diego	92101	bobfilner@sandiego.gov

1. NAME OF OFFICE HELD

Mayor

Councilmember

City Attorney

2. CERTIFICATION
(Check one box)

No Disclosure Required: I have not received any reportable gifts during the period of January 1 through June 30 of this year.

Disclosure Required: I have received reportable gifts during the period of January 1 through June 30 of this year, and have disclosed the receipt of all such gifts in this Form EC700.

3. VERIFICATION

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 7/31/13
(month, day, year)

Signature Bob Filner / RB
(File the originally signed statement with your filing official.)

All information disclosed in this form must be repeated in California Form 700 when that form is filed before April 1 of the next year, or when that form is filed as a Leaving Office Statement. Form 700 must contain the entire previous year's information, including the disclosure information contained on this form.

This information is available in alternative formats for persons with disabilities. To request this information in alternative format, call (619) 533-3476.



CITY OF SAN DIEGO

Form EC700
Income -- Gifts

FILING YEAR: 20 13

Check if Amended Disclosure: []

Please type or print in ink

San Diego Fukienese Association
6000 University Ave., SD, CA 92115
Cultural/ethnic membership assn
1-Meeting/Dinner tix \$ 50.00 01/04/13

U.S. Chamber of Commerce
1615 H St, NW, Washington DC 20001
Chamber
1 - Gala Ticket \$ 250.00 01/17/13

American Israel Public Affairs Comm
8895 Towne Centre Dr. Ste. 105-149 San Diego, CA 92122
Cross Cultural Relations
1- Annual Dinner tix \$ 98.00 01/27/13

eightyeight Entertainment
2891 University Ave., SD, CA 92104
Entertainment
1 - play ticket \$ 58.00 02/03/13

Downtown San Diego Partnership
401 B St., Ste. 100, SD, CA 92101
urban development membership
1 - Annual Dinner tix \$ 77.00 02/06/13

University of San Diego
5998 Alcalá Park, SD, CA 92110
university/education
2 - USD baseball tix \$ 50.00 02/17/13

Comments:



CITY OF SAN DIEGO

Form EC700
Income -- Gifts

FILING YEAR: 20 13

Check if Amended Disclosure: []

Please type or print in ink

San Diego County Democratic Party
8340 Clairemont Mesa Blvd. #105, SD, CA 92111
Political
2 - Tribute Dinner tix \$ 150.00 01, 13, 13
1 - Gala ticket \$ 85.00 05, 04, 13

Neighborhood Market Association
7050 Fridars Rd. #300, SD, CA 92108
Grocery market membership assn
1 - Banquet ticket \$ 75.00 03, 07, 13

Nancy Chase
1101 Via Mil Cumbres, Solana Bch CA 92075
Lobbyist
1 - SDCTA* dinner tix \$ 65.00 05, 09, 13

Girls Think Tank
105 W. F Str., 4th Flor., SD CA 92101
Advocacy and activism
1 - Gala ticket \$ 250.00 05, 11, 13

Frank Tierney
550 J St., Coronado, CA 92118
Individual
1 - Padres tickets \$ 380.00 06, 16, 13

Org. of Iranian-American Communities
2020 Pennsylvania Ave NW, #201, DC, 20006
International Conference Participant
Travel Expenses** \$ 9,839.00 06, 21, 13

Comments: *San Diego County Taxpayers Association
** Attachment A - Supplemental Statement to Form EC700



CITY OF SAN DIEGO

Form EC700
Income -- Gifts

FILING YEAR: 20 13

Check if Amended Disclosure: []

Please type or print in ink

Form box 1: NAME OF SOURCE Nord Pas-de-Calais Region, ADDRESS Route de la Tresorerie-Wimille 6293, BUSINESS ACTIVITY, IF ANY, OF SOURCE Regional Tourism Office, DECEIPTION OF GIFT(S) Transportation, VALUE \$ 280.00, DATE 06, 21, 13

Form box 2: NAME OF SOURCE, ADDRESS, BUSINESS ACTIVITY, IF ANY, OF SOURCE, DECEIPTION OF GIFT(S), VALUE, DATE

Form box 3: NAME OF SOURCE, ADDRESS, BUSINESS ACTIVITY, IF ANY, OF SOURCE, DECEIPTION OF GIFT(S), VALUE, DATE

Form box 4: NAME OF SOURCE, ADDRESS, BUSINESS ACTIVITY, IF ANY, OF SOURCE, DECEIPTION OF GIFT(S), VALUE, DATE

Form box 5: NAME OF SOURCE, ADDRESS, BUSINESS ACTIVITY, IF ANY, OF SOURCE, DECEIPTION OF GIFT(S), VALUE, DATE

Form box 6: NAME OF SOURCE, ADDRESS, BUSINESS ACTIVITY, IF ANY, OF SOURCE, DECEIPTION OF GIFT(S), VALUE, DATE

Comments:



BOB FILNER
MAYOR

SUPPLEMENTAL STATEMENT TO FORM EC700
July 31, 2013

I have become aware that OIAC's representations regarding its non-profit status were inaccurate.

For this reason, I will reimburse OIAC for all amounts it paid for my travel expenses to participate in its International Conference in Paris, France, above the \$440 gift limit.