



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received Official Use Only RECEIVED CITY CLERK'S OFFICE 12 MAR 29 PM 4:28 SAN DIEGO, CALIF.

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Zapf Lorie SAN DIEGO, CALIF.

1. Office, Agency, or Court

Agency Name City of San Diego Division, Board, Department, District, if applicable City Council Your Position Councilmember

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 San Diego 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, 2011, through December 31, 2011. -or- The period covered is 12 / 14 / 2010, through December 31, 2011. Leaving Office: Date Left (Check one) The period covered is January 1, 2011, through the date of leaving office. The period covered is through the date of leaving office. Assuming Office: Date assumed Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 5

- 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

MAILING ADDRESS STREET CITY STATE ZIP CODE 202 'C' Street San Diego CA 92101 DAYTIME TELEPHONE NUMBER (619) 236-6616 E-MAIL ADDRESS (OPTIONAL)

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 3/28/12 (month, day, year)

Signature Lorie Zapf (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name

Lorle M. Zapf

▶ NAME OF SOURCE
San Diego Convention & Visitors Bureau
 ADDRESS (Business Address Acceptable)
2215 India St. San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Corp. Convention / Travel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 20 / 11</u>	<u>\$ 65.00</u>	<u>Annual Mtg.</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Building Industry Association
 ADDRESS (Business Address Acceptable)
9201 Spectrum Center Bl. San Diego, CA 92123
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Trade Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 29 / 11</u>	<u>\$ 75.00</u>	<u>Installation Dinner</u>
<u>9 / 29 / 11</u>	<u>\$ 52.74</u>	<u>Fall Fundraiser</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Walmart Stores, Inc.
 ADDRESS (Business Address Acceptable)
702 SW 8th St. Bentonville, Arkansas
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail Corp.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 14 / 11</u>	<u>\$ 40.00</u>	<u>ML King Breakfast</u>
<u>9 / 01 / 11</u>	<u>\$ 125.00</u>	<u>NAWBO Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Union of Pan-Asian Community (UPAC)
 ADDRESS (Business Address Acceptable)
3288 El Cajon Bl. San Diego, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Human Care Services Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 25 / 11</u>	<u>\$ 200.00</u>	<u>Gala Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Sudberry Properties
 ADDRESS (Business Address Acceptable)
5465 Morehouse Dr. San Diego, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 25 / 11</u>	<u>\$ 211.00</u>	<u>Shovel</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
SeaWorld San Diego
 ADDRESS (Business Address Acceptable)
500 Seaworld Dr. San Diego, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theme Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 21 / 11</u>	<u>\$ 170.00</u>	<u>Shamu Photograph</u>
<u>6 / 21 / 11</u>	<u>\$ 50.00</u>	<u>Documentary Premiere</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

Lorie Zapf

▶ NAME OF SOURCE
San Diego Regional Chamber of Commerce
ADDRESS (Business Address Acceptable)
402 W. Broadway, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Business Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 21 / 11</u>	<u>\$ 30.00</u>	<u>Congressional Lunch</u>
<u>6 / 9 / 11</u>	<u>\$ 30.00</u>	<u>Awards Luncheon</u>
<u>12 / 1 / 11</u>	<u>\$ 45.00</u>	<u>Mayors Fireside Chat</u>

▶ NAME OF SOURCE
San Diego County Taxpayers Association
ADDRESS (Business Address Acceptable)
110 W. 'C' St. #714, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Tax Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 19 / 11</u>	<u>\$ 49.50</u>	<u>Golden Fleece Awards</u>
<u>10 / 19 / 11</u>	<u>\$ 26.94</u>	<u>Mayor's Luncheon</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Sunroad Enterprises
ADDRESS (Business Address Acceptable)
4445 Eastgate Mall, San Diego, CA 92121
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 11 / 11</u>	<u>\$ 90.00</u>	<u>Chief's Gala</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Foundation for Women
ADDRESS (Business Address Acceptable)
4747 Morena Bl. San Diego, CA 92117
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Women's Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 30 / 11</u>	<u>\$ 65.00</u>	<u>Honor Women Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Association of General Contractors
ADDRESS (Business Address Acceptable)
6212 Ferris Square, San Diego, CA 92121
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Trade Org. - Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 3 / 11</u>	<u>\$ 65.00</u>	<u>Build Awards Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Hecht Solberg Robinson & Bagley
ADDRESS (Business Address Acceptable)
600 W. Broadway, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 23 / 11</u>	<u>\$ 15.00</u>	<u>Lunch</u>
<u>5 / 6 / 11</u>	<u>\$ 15.00</u>	<u>Lunch</u>
<u>11 / 16 / 11</u>	<u>\$ 300.00</u>	<u>Alonzo Awards</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Lorie Zapf

▶ NAME OF SOURCE
Kaiser Permanente

ADDRESS (Business Address Acceptable)
 4647 Zion Avenue, San Diego, CA 92120

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 11	\$ 90.00	Women Bus. Awards
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
Suncoast Financial

ADDRESS (Business Address Acceptable)
 101 W. Broadway, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Financial/Real Estate/Banking Corp.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 8 / 11	\$ 200.00	Lincoln Club 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: _____