

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Cate, Christopher J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF SAN DIEGO

Division, Board, Department, District, if applicable Your Position

Councilmember Councilmember (CD6)

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of San Diego Other _____

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

- Annual: The period covered is January 1, 2016, through December 31, 2016 -or- The period covered is ____/____/____, through December 31, 2016
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2016, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 8

Schedules attached

- 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

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 information is true and correct.

Date Signed 03/23/2017 (month, day, year)

Signature Christopher J. Cate (File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Christopher J. Cate

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
MTS	Board of Directors	Board Member	Annual 1/1/2016 - 12/31/2016
CITY OF SAN DIEGO	Los Penasquitos Canyon Preserve	Board Member	Annual 1/1/2016 - 12/31/2016
LAFCO	Local Agency Formation Commission	Alternate Member	Annual 1/1/2016 - 12/31/2016
SANDAG	Board of Directors	Second Alternate to Mayor Kevin Faulconer	Annual 1/1/2016 - 12/31/2016
CITY OF SAN DIEGO	Councilmember	Councilmember (CD6)	Annual 1/1/2016 - 12/31/2016

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

Cate, Christopher J.

▶ NAME OF BUSINESS ENTITY
Coach, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Retailer

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED 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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED 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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED 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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED 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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED 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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

Comments:

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Jacobs Center for Neighborhood Innovation
 ADDRESS (Business Address Acceptable)
 404 Euclid Avenue
 San Diego, CA 92114

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MLK Community Celebration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 18 / 16</u>	<u>\$ 50.00</u>	<u>(1) Ticket for Breakfast</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Scripps Health
 ADDRESS (Business Address Acceptable)
 4275 Campus Point Court
 San Diego, CA 92121

BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Diego Regional Chamber of Commerce 145th Anniversary Celebration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 16</u>	<u>\$ 60.00</u>	<u>(1) Ticket for Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Building Industry Association
 ADDRESS (Business Address Acceptable)
 9201 Spectrum Center Blvd.
 San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BIA Installation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 16</u>	<u>\$ 210.00</u>	<u>(2) Tickets for Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Martin Luther King, Jr. Foundation
 ADDRESS (Business Address Acceptable)
 2550 Fifth Avenue
 San Diego, CA 92103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2016 Annual Golf Classic

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 08 / 16</u>	<u>\$ 75.00</u>	<u>Golf fees for (1)</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Regional Economic Development Corp.
 ADDRESS (Business Address Acceptable)
 530 B Street
 San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Diego Regional EDC Annual Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 21 / 16</u>	<u>\$ 85.00</u>	<u>(1) Ticket for Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Food Bank
 ADDRESS (Business Address Acceptable)
 9850 Distribution Avenue
 San Diego, CA 92121

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2016 Foodtasia Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 30 / 16</u>	<u>\$ 56.00</u>	<u>(2) Tickets for Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
PsychArmor Institute
 ADDRESS (Business Address Acceptable)
 11199 Sorrento Valley Road
 San Diego, CA 92121
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Closing the Gap Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 16</u>	<u>\$ 110.00</u>	<u>(1) Ticket for Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Restaurant Association
 ADDRESS (Business Address Acceptable)
 5333 Mission Center Road
 San Diego, CA 92108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
2016 San Diego Paella Wine Festival

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 07 / 16</u>	<u>\$ 60.00</u>	<u>(2) Tickets for Festival</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego LGBT Community Center
 ADDRESS (Business Address Acceptable)
 3909 Centre Street
 San Diego, CA 92103
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Harvey Milk Diversity Breakfast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 16</u>	<u>\$ 60.00</u>	<u>(1) Ticket for Breakfast</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Toby Wells YMCA
 ADDRESS (Business Address Acceptable)
 5105 Overland Avenue
 San Diego, CA 92123
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
15th Annual Toby Wells & Craig Castaneda Golf Classic

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 03 / 16</u>	<u>\$ 375.00</u>	<u>Golf Fees for (1)</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego County Taxpayers Association
 ADDRESS (Business Address Acceptable)
 1855 First Avenue Suite 201
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
21st Annual Golden Watchdog & Fleece Awards Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 16</u>	<u>\$ 148.00</u>	<u>(2) Tickets for Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Regional Chamber of Commerce
 ADDRESS (Business Address Acceptable)
 402 W. Broadway Suite 1000
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
70th Annual Flag, General & Senior Officers Ball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 29 / 16</u>	<u>\$ 170.00</u>	<u>(2) Tickets for Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Red Cross
 ADDRESS (Business Address Acceptable)
 3950 Calle Fortunada
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

14th Annual Real Heroes Breakfast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 07 / 16</u>	<u>\$ 100.00</u>	<u>(1) Ticket for Breakfast</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Pacific Arts Movement
 ADDRESS (Business Address Acceptable)
 2508 Historic Decatur Road Suite 140
 San Diego, CA 92106
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

San Diego Asian Film Festival Gala Awards Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 05 / 16</u>	<u>\$ 250.00</u>	<u>(1) Ticket for Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego State University
 ADDRESS (Business Address Acceptable)
 5500 Campanile Drive
 San Diego, CA 92182
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

SDSU Men's Basketball Game

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 11 / 16</u>	<u>\$ 80.00</u>	<u>(2) Tickets for Game</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
United Through Reading
 ADDRESS (Business Address Acceptable)
 1455 Frazee Road Suite 500
 San Diego, CA 92108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Storybook Ball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 16</u>	<u>\$ 224.00</u>	<u>(2) Tickets for Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Associated Builders and Contractors
 ADDRESS (Business Address Acceptable)
 13825 Kirkham Way
 Poway, CA 92064
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Excellence in Construction Awards

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 16</u>	<u>\$ 300.00</u>	<u>(2) Tickets for Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Heiva San Diego
 ADDRESS (Business Address Acceptable)
 8121 Valdosta Avenue
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Taste of the Islands of Tahiti

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 19 / 16</u>	<u>\$ 70.00</u>	<u>(2) Tickets for Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Downtown San Diego Partnership
 ADDRESS (Business Address Acceptable)
 401 B Street
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 02/18/16: DSDP Installation
 10/13/16: Annual Alonzo Awards Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 18 / 16	\$ 78.00	(1) Ticket for Dinner
10 / 13 / 16	\$ 82.00	(1) Ticket for Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Japan Society of San Diego and Tijuana
 ADDRESS (Business Address Acceptable)
 4883 Ronson Court Suite A
 San Diego, CA 92111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 07/22/16: Dinner for Mayor Mori of Kagoshima, Japan
 10/22/16: 23rd Annual Leadership Awards Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 22 / 16	\$ 53.00	(2) Tickets for Dinner
10 / 20 / 16	\$ 150.00	(2) Tickets for Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Asian Business Association
 ADDRESS (Business Address Acceptable)
 7675 Dagget Street
 San Diego, CA 92111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 02/23/16: Lunar New Year Celebration
 12/06/16: Holiday Mixer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 16	\$ 140.00	(2) Tickets for Dinner
12 / 06 / 16	\$ 15.00	(1) Ticket for Mixer
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Cate, Christopher J.

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street 4th Floor

CITY AND STATE
Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities and their residents

DATE(S): / / - / / AMT: \$ 818.60
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals, and lodging for volunteer services as a member of the League of CA

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____