



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

E-Filed
03/28/2017
08:17:02
Filing ID:
164309112

Please type or print in ink.

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 ____/____/____
- Candidate:** Election Year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 3

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 CITY STATE ZIP CODE

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 03/28/2017
(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 D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)

San Diego Sky Tours

ADDRESS (Business Address Acceptable)
3717 John J Montgomery Drive
San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Aerial Tour

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 16	\$ 124.50	Sky Tour
/ /	\$	
/ /	\$	

▶ 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)

Red Cross

ADDRESS (Business Address Acceptable)
3950 Calle Fortunada
San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

14th Annual Real Heroes Breakfast

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

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Filer's Verification

Print Name Cate, Christopher J.

Office, Agency or Court MTS

Statement Type 2016/2017 Annual Assuming Leaving
 Annual (yr) 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 03/28/2017
(month day year)

Filer's Signature

Comments: _____