

RECEIVED COVER PAGE  
FAIR POLITICAL PRACTICES COMMISSION

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FPPC

Please type or print in ink.

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

SCHIPSKA

12 APR - 9 PM 2011  
EVELYN

GERARDINE

1. Office, Agency, or Court

Agency Name

STATE DEPT OF CONSUMER AFFAIRS CALIFORNIA MEDICAL BOARD - MEMBER  
Division, Board, Department, District, if applicable Your Position

OHR OFFICE

If filing for multiple positions, list below or on an attachment.

Agency: City of Long Beach Position: City Council member  
Joint Powers Authority - Spring Street MEMBER

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

- State
Multi-County
City of Long Beach
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.
Leaving Office: Date Left
The period covered is January 1, 2011, through the date of leaving office.
Assuming Office: Date assumed
The period covered is through the date of leaving office.
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: 4

- 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
None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

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

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**▶ 1. BUSINESS ENTITY OR TRUST**

Name GERGIE SCHIPSKE & ASSOCIATES  
Address (Business Address Acceptable) 2919 N. SUPERIOR RD, LB 90815  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
CONSULTING & BOOK WRITING

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 11      DISPOSED      /      / 11

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

YOUR BUSINESS POSITION OWNER

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 11      DISPOSED      /      / 11

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 11      DISPOSED      /      / 11

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 11      DISPOSED      /      / 11

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name \_\_\_\_\_

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Democratic Party of Orange County

ADDRESS (Business Address Acceptable)  
Political Party

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
200 N. MAIN STREET CA 92701

YOUR BUSINESS POSITION  
ED Director

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 Loan repayment       Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
ARCADIA Publishing

ADDRESS (Business Address Acceptable)  
420 WANDO PARK BLVD. NAT PLEASANT, SC

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Book Publisher 29444

YOUR BUSINESS POSITION  
AUTHOR

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 Loan repayment       Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other Royalties on sales of books  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_ %       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE  
INTERNATIONAL City Theater  
 ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
LOCAL THEATER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 3, 11</u>	<u>\$ 45</u>	<u>TICKETS TO PLAY</u>
<u>9, 26, 11</u>	<u>\$ 45</u>	<u>Tickets to Play</u>
<u>10, 14, 11</u>	<u>\$ 45</u>	<u>Tickets to Play</u>

▶ 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  
JET BLUE  
 ADDRESS (Business Address Acceptable)  
118-29 QUEENS BVD FOREST HILLS NY 11375

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
AIRLINE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09, 01, 11</u>	<u>\$ 10,000.00</u>	<u>* CONTRIBUTION FOR CONSTRUCTION OF AIRPLANE REPLICA FOR CITY</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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  
CONTRIBUTION MADE TO ROSIE THE RIVETER FOUNDATION

ADDRESS (Business Address Acceptable)  
THE RIVETER FOUNDATION

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: CONTRIBUTION WAS MADE BY JET BLUE TO THE LONG BEACH ROSIE THE RIVETER FOUNDATION TO FUND A REPLICA OF "VIN FIZ" AIRPLANE HANGING AT LB ARENA.