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Please type or print in ink.  
NAME OF FILER By (LAST) (FIRST) (MIDDLE)  
SCHIPSKE EVELYN GERARDINE OHR OFFICE

1. Office, Agency, or Court

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

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

CG Agency: City of Long Beach Position: City Council member  
JOINT POWERS AUTHORITY - SPRING STREET MEMBER 191/405/605 Credentials - Number

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of \_\_\_\_\_
- City of LONG BEACH  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

- Check applicable schedules or "None."  Total number of pages including this cover page: \_\_\_\_\_
- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
  - Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule

5. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge  
I certify under penalty of perjury under the laws of the State of California  
Date Signed 2/12/13  
(month, day, year)

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Schipske, E.G.

**1. BUSINESS ENTITY OR TRUST**

GERIE SCHIPSKE + ASSOCIATES  
Name  
2919 SUDEBAND RD, LONG BEACH 90815  
Address (Business Address Acceptable)  
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                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION OWNER

**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)**

None

\_\_\_\_\_

\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

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

**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                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ 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

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

None

\_\_\_\_\_

\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

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)

1. INCOME RECEIVED  
NAME OF SOURCE OF INCOME  
Calif. STATE UNIVERSITY Long Beach  
ADDRESS (Business Address Acceptable)  
STATE UNIVERSITY  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ADJUNCT FACULTY  
YOUR BUSINESS POSITION  
  
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  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
YOUR BUSINESS POSITION  
\_\_\_\_\_  
  
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)

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      TERM (Months/Years)  
\_\_\_\_\_ %       None  
SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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

**SCHEDULE E**  
**Income - Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
SCHIPSKE, E.G.

- You must 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
INTERNATIONAL City Theater  
 ADDRESS (Business Address Acceptable)  
LONG BEACH, CA  
 CITY AND STATE  
LOCAL Community Theater  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
PERFORMANCES: Aug, Sep, Oct 2011  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ (If gift) AMT: \$ 300.00  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
TICKETS TO PERFORMANCES

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ (If gift) AMT: \$\_\_\_\_\_  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ (If gift) AMT: \$\_\_\_\_\_  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ (If gift) AMT: \$\_\_\_\_\_  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description

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