

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 O'Donnell Patrick

**1. Office, Agency, or Court**

Agency Name  
 City Officials - City Council  
 Division, Board, Department, District, if applicable  
 Your Position  
 Councilmember - 4th District

► 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 Long Beach
- Judge (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2010, through December 31, 2010.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.
- Assuming Office:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)
  - The period covered is January 1, 2010, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

- Check applicable schedules or "None." ► Total number of pages including this cover page: 3
- 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



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

Date Signed March 7, 2011  
(month, day, year)

Signature



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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Patrick O'Donnell

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
THE O'DONNELL GROUP

ADDRESS (Business Address Acceptable)  
2005 PALO VERDE AVE #128 LONG BEACH, CA 90815

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
EXECUTIVE SEARCH FIRM

YOUR BUSINESS POSITION  
NONE

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 \_\_\_\_\_  
(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 \_\_\_\_\_  
(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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	<small>Street address</small>
		_____
		<small>City</small>
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Patrick O'Donnell

▶ NAME OF SOURCE  
**GRAND PRIX ASSOCIATION OF LONG BEACH**  
 ADDRESS (Business Address Acceptable)  
**3000 PACIFIC AVE LONG BEACH, CA 90806**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**GRAND PRIX**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 18 / 10	\$ 375.00	ADMISSION TICKETS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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  
**BP AMERICA INC.**  
 ADDRESS (Business Address Acceptable)  
**6 CENTERPOINTE DRIVE #796 LA PALMA, CA 90623**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**GRAND PRIX DINNER**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 18 / 10	\$ 193.78	Dinner tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_