

**COUNTY OF SAN DIEGO - WRITTEN DISCLOSURE**

(PURSUANT TO SECTION 1000.1 OF THE SAN DIEGO COUNTY CHARTER)

**FILER INFORMATION: (Please type or print in ink)**

Community Research Foundation, Inc.,

(NAME OF CONTRACTOR [INDIVIDUAL OR ENTITY] OR REGISTERED LOBBYIST)

(TELEPHONE NO. - INCLUDING AREA CODE) 619-275-0822

**CONTRACTOR**  **LOBBYIST** (Check one)

**SUPPLEMENTAL FORM** (Check if presenting at Board of Supv. Mtg.)

DISCLOSURE COVERS PERIOD FROM 4/1/05 TO 5/10/06

(Disclosure must cover the year preceding the date of the disclosure)

**NAME AND ADDRESS OF CONTRACTOR:**

Community Research Foundation, Inc. 1202 Morena Blvd.

Ste. 300, San Diego, CA 92110'

**ADDRESS OF REGISTERED LOBBYIST (IF APPLICABLE)**

(Clerk's Use Only - Date and Time Stamp)

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS

2005 MAY 19 A 11:00

LEGISLATIVE  
COUNCIL  
CLERK

Board Mtg. Date: \_\_\_\_\_

Agenda Item: \_\_\_\_\_

Communication Rec'd.: \_\_\_\_\_

**County Department Contact:**

Name \_\_\_\_\_

Department \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**REPORTABLE DISCLOSURE:** (Check Yes or No below)

**YES** If you **HAVE** gifts and/or contributions to report, please complete Sections A and/or B, as applicable, and Sections C, D, and E

**NO** If you have **NO** gifts and **NO** contributions to report, please complete Section D and E only

**A. REPORTABLE DISCLOSURE - GIFTS \* (AGGREGATING \$50.00 OR MORE)**

| NAME OF RECIPIENT<br>(Name of Board Member or immediate family member) | NAME & TITLE OF DONOR | DATE OF GIFT | DESCRIPTION OF GIFT | AMOUNT/VALUE |
|------------------------------------------------------------------------|-----------------------|--------------|---------------------|--------------|
|                                                                        |                       |              |                     |              |
|                                                                        |                       |              |                     |              |

\* Attach additional pages if necessary

**B. REPORTABLE DISCLOSURE - CAMPAIGN CONTRIBUTIONS \* (ANY AMOUNT)**

| NAME OF RECIPIENT (Name of Board Member or Controlled Committee receiving campaign contribution) | NAME & TITLE OF CONTRIBUTOR | DATE OF CONTRIBUTION | AMOUNT |
|--------------------------------------------------------------------------------------------------|-----------------------------|----------------------|--------|
|                                                                                                  |                             |                      |        |
|                                                                                                  |                             |                      |        |

\* Attach additional pages if necessary

**C. TOTAL NUMBER OF PAGES (including this page)** \_\_\_\_\_ 1

**D. VERIFICATION**

I have used all reasonable diligence in preparing this disclosure. I declare under penalty of perjury that I have reviewed this disclosure and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

[Signature] Vice President, Administration  
**Signature of Lobbyist or Signature & Title of Person Submitting Disclosure for Contractor)**

Executed at: San Diego, CA (City and State)

Date: 5/16/06

JACK Palmer

**E. CONTRACTOR'S CERTIFICATION**

The contractor and the contractor's registered lobbyist, if any, have complied with the disclosure requirements imposed by San Diego County Charter section 1000.1.

[Signature] Vice President, Administration  
**Signature of Contractor or Representative** Title

5/16/06  
Date