CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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RECEIVED MAR 27 2015 City Clerk's Office City of Bell

Please type or print in ink.

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

Saleh Ali

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Bell

Division, Board, Department, District, if applicable: City Council

Your Position: Councilmember

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: SUCCESSOR AGENCY City of Bell Planning Commission

Position: BOARD MEMBER Commissioner

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Bell
- ☐ 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, 2014, through December 31, 2014.

-or-

The period covered is ___/___/___, through December 31, 2014.

☐ **Assuming Office:** Date assumed ___/___/___

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

○ The period covered is January 1, 2014, through the date of leaving office.

○ 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:*** 6

- ☐ **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 *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE

Bell City Hall, 6330 Pine Ave. | Bell | CA | 90201

DAYTIME TELEPHONE NUMBER: (323) 588-6211

E-MAIL ADDRESS:

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 March 27, 2015 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ali Saleh

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6816 Fishburn Ave.

CITY
Bell

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☑ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None
Jose Carranza & Arelix L. Lavarreda
Hussein Saleh
Manuel Munoz

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE _____% ☐ None
TERM (Months/Years)

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None
TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments:

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FAIR POLITICAL PRACTICES COMMISSION

Name
Ali Saleh

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Bell Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
5200 E. Gage Ave., Ste. 1 Bell, CA 90201
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 14	$ 25.00	Event Ticket
06 / 21 / 14	$ 40.00	Event Ticket
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Entravision Communications Corporation
ADDRESS *(Business Address Acceptable)*
2425 Olympic Blvd., Suite 6000 Santa Monica, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
media

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 21 / 14	$ 300.00	Event Ticket
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
The Whole Child
ADDRESS *(Business Address Acceptable)*
10155 Colima Road Whittier, CA 90603
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 14	$ 225.00	Event Ticket
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Lebanese American Foundation, Inc.
ADDRESS *(Business Address Acceptable)*
4800 Wilshire Blvd. Los Angeles, CA 90010
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 14	$ 300.00	Event Ticket
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Human Services Association
ADDRESS *(Business Address Acceptable)*
6800 Florence Ave. Bell Gardens, CA 90201
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 14	$ 100.00	Event Ticket
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Rio Hondo College Foundation
ADDRESS *(Business Address Acceptable)*
3600 Workman Mill Road Whittier, CA 90601
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 02 / 14	$ 75.00	Event Ticket
/ /	$	
/ /	$	

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SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Arab American National Museum
ADDRESS *(Business Address Acceptable)*
13624 Michigan Ave. Dearborn, MI 48126
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 14	$ 250.00	Event Ticket
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
The California Ladies Organization
ADDRESS *(Business Address Acceptable)*
930 E. Dryden Street Glendale, CA 91207
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 14	$ 100.00	Event Ticket
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Krikor Arabian
ADDRESS *(Business Address Acceptable)*
3561 Holmes Circle Hacienda Heights, CA 91745
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 11 / 14	$ 195.00	Cigars
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
The Bicycle Casino Community Foundation
ADDRESS *(Business Address Acceptable)*
8635 Florence Ave., Ste. 203 Downey, CA 90240
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 29 / 14	$ 200.00	Golf Event
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Los Angeles Beirut Sister City
ADDRESS *(Business Address Acceptable)*
100 S. Wetherly Drive PH 6 Los Angeles, CA 90048
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 14	$ 150.00	Event Ticket
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Arab American Lawyers Assn. of Southern California
ADDRESS *(Business Address Acceptable)*
4283 Empress Ave. Encino, CA 91436
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 14	$ 150.00	Event Ticket
/ /	$	
/ /	$	

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SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Quantum Associates
ADDRESS *(Business Address Acceptable)*
1101 South San Pedro Street Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
real estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 14	$ 200.00	Event Ticket
/ /	$	
/ /	$	

▶ 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)*
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)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

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SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **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)*
Local Government Commission
ADDRESS *(Business Address Acceptable)*
980 Ninth Street, Ste. 1700
CITY AND STATE
Sacramento, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 02/13/14 - 02/15/14 *(If gift)* AMT: $1,300.00
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
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
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
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
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
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: