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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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Please type or print in ink.

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

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 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:*** 1

- ☐ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
6330 Pine Avenue	Bell	CA	90201

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(323) 588-6211	aromero@cityofbell.org

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 4/1/15 *(month, day, year)*

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