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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED APR 01 2015

Date Initial Filing Received
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RECEIVED APR 01 2015 City Clerk's Office City of Bell

Please type or print in ink.

NAME OF FILER (LAST): Quintana
(FIRST): Ana Maria
(MIDDLE):

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable:

Your Position: Council Member

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

Agency: City Council
Position: Planning Commissioner

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Bell
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of Los Angeles
- ☐ 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 *(Business or Agency Address Recommended - Public Document)*: 6330 Pine Avenue
STREET:
CITY: Bell
STATE: CA
ZIP CODE: 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 04/01/2015
(month, day, year)

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ana Maria Quintana

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Irma Moisa Rodriguez
ADDRESS *(Business Address Acceptable)*
12800 Center Ct. Dr. Ste 300 Cerritos, CA. 90706
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 14	$ 20.00	Lunch
03 / 27 / 14	$ 85.55	Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Isabel Birrueta
ADDRESS *(Business Address Acceptable)*
1100 S. Flower St. Ste. 2200 Los Angeles, CA. 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 14	$ 57.48	Lunch
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Southern California Edison Gov. Advisory Board
ADDRESS *(Business Address Acceptable)*
2244 S. Walnut St. Rosemead, CA. 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 16 / 14	$ 35.00	Fashion Show Ticket
07 / 16 / 14	$ 15.00	Lunch
10 / 27 / 14	$ 15.00	Lunch

► NAME OF SOURCE *(Not an Acronym)*
Pamela Yugar
ADDRESS *(Business Address Acceptable)*
6330 Pine Ave. Bell, CA. 90201
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	$ 15.00	Lunch
05 / 01 / 14	$ 50.00	Lunch
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Gabriel Sandoval
ADDRESS *(Business Address Acceptable)*
12800 Center Ct. Dr. Ste. 300 Cerritos, CA. 90703
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 14	$ 150.00	Clippers Game Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Terry Rodrigue
ADDRESS *(Business Address Acceptable)*
15061 Springdale St. Ste. 205 Huntington Beach, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	$ 50.00	Dinner
05 / 22 / 14	$ 15.00	Future Scholars Dinner
07 / 09 / 14	$ 40.00	Dinner

Comments:

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Jacob Mojarro
ADDRESS *(Business Address Acceptable)*
612 W. Whittier Blvd.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Montebello, CA. 90640

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	$ 30.00	Starbucks Gift Card
05 / 01 / 14	$ 50.00	Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Rodrigo Vazquez
ADDRESS *(Business Address Acceptable)*
180 S. Sycamore Ave. #101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, CA. 90036

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 14	$ 150.00	Mex Am Bar Assoc Gal
10 / 17 / 14	$ 150.00	Latina Lawyers Gala
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Ibeth Carcamo
ADDRESS *(Business Address Acceptable)*
633 W. 5th St. Ste. 4000 Los Angeles, CA. 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	$ 50.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Alshire & Wynder, LLP
ADDRESS *(Business Address Acceptable)*
18881 Von Karman Ave. #1700
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Irvine, CA. 92612

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 31 / 14	$ 15.00	Lunch
09 / 04 / 14	$ 115.15	Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Arsen and Nick Sarkisian (NASA)
ADDRESS *(Business Address Acceptable)*
1701 Gage Rd.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Montebello, CA. 90640

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 14	$ 80.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Spiker Consulting Group (Ken & Adam Spiker)
ADDRESS *(Business Address Acceptable)*
1100 S. Flower St. Ste. 3300
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, CA. 90015

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 14	$ 70.00	Dinner
/ /	$	
/ /	$	

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Salavdor Colin
ADDRESS *(Business Address Acceptable)*
Roma Norte, Ciudad de Mexico C.P. 06700 Mexico
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 21 / 14	$ 100.00	Painting
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Comments:

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Name
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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)*
League of California Cities
ADDRESS *(Business Address Acceptable)*
1400 K Street
CITY AND STATE
Sacramento, CA. 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities and their residents.
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ 3,150.68
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Travel, meal and lodging for volunteer services as a member of the League board of directors.

► NAME OF SOURCE *(Not an Acronym)*
California Contract Cities Association
ADDRESS *(Business Address Acceptable)*
11027 Downey Ave.
CITY AND STATE
Downey, CA. 90241
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities and their residents.
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ 324.65
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Meals for volunteer services as a member of executive board.

► NAME OF SOURCE *(Not an Acronym)*
League of California Cities
ADDRESS *(Business Address Acceptable)*
1400 K Street
CITY AND STATE
Sacramento, CA. 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities and their residents.
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ 134.15
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Meals for volunteer services as a member of a League Policy Committee.

► NAME OF SOURCE *(Not an Acronym)*
East Yard Communities for Environmental Justice
ADDRESS *(Business Address Acceptable)*
2317 A. Atlantic Blvd.
CITY AND STATE
Commerce, CA. 90040
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ 0.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

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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)*
Latinas Represent
ADDRESS *(Business Address Acceptable)*
815 16th St. NW 3rd Floor
CITY AND STATE
Washington, DC. 20006
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ 0.00

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: