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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*Please type or print in ink.*

| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| Quintana | Ana Maria | |

## 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: Council Member

## 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) STREET | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 6330 Pine Avenue | Bell | CA | 90201 |

| DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS |
|---|---|
| ( 323 ) 588-6211 | |

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 |
| / / | $ | |
| / / | $ | |

**Comments:**

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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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# 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.

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► 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

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**Comments:**

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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)*
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:**