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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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

1. Office, Agency, or Court

Agency Name
City of Bell

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

Your Position: Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: I-710 Project Committee

Position: City of Bell Representative

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, 2011, through December 31, 2011.

-or-

The period covered is ___/___/_____, through December 31, 2011.

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

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

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

○ The period covered is January 1, 2011, through the date of leaving office.

○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 3

- ☐ **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 Ave.	Bell	CA	90201

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(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 8/13/12 *(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
Michael Kiely
ADDRESS *(Business Address Acceptable)*
333 Hope St. 43rd Floor Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
New Markets Tax Credit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 11	$ 50	Dinner (Vidalia)
/ /	$	
/ /	$	

► NAME OF SOURCE
Rodrigo Vazquez
ADDRESS *(Business Address Acceptable)*
180 S. Sycamore Ave. #101 Los Angeles, CA. 90036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Latina Lawyers Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 11	$ 100	1-Gala Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Southern California Edison Company
ADDRESS *(Business Address Acceptable)*
1440 South California Ave. Monrovia, CA. 91016
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Invitation to view facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / 11	$ 408	Conference
/ /	$	
/ /	$	

► NAME OF SOURCE
California Rural Legal Assistance
ADDRESS *(Business Address Acceptable)*
714 W Olympic Blvd Ste450 Los Angeles, CA. 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CRLA Annual Tardeada/Lunch Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 17 / 11	$ 125	1-Tardeada event
09 / 17 / 11	$ 125	Raffle-Painting
/ /	$	

► NAME OF SOURCE
Supreme Master TV
ADDRESS *(Business Address Acceptable)*
122-A East Foothill Blvd #306 Arcadia, CA. 91006
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Love Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 27 / 11	$ 110	2-Event Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE
Bell Business Association
ADDRESS *(Business Address Acceptable)*
3821 Gage Ave. Bell CA. 90201
BUSINESS ACTIVITY, IF ANY, OF SOURCE
1st Anniversary Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 11	$ 110	2-Event Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ana Maria Quintana

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Eduardo Rivas
ADDRESS *(Business Address Acceptable)*
317 Monterrey Rd. #9 South Pasadena, CA. 91030
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Howard Burman Fundraiser Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 10 / 11	$ 100	Event Dinner
/ /	$	
/ /	$	

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

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

▶ NAME OF SOURCE
Councilmember Tony Cardenas
ADDRESS *(Business Address Acceptable)*
200 N. Hope Street #455 Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOPE Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 11	$ 250	Event Dinner
/ /	$	
/ /	$	

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

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

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

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

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

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

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

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

Comments: