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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Please type or print in ink

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF EL MONTE

Division, Board, Department, District, if applicable

EL MONTE CITY COUNCIL

Your Position

MAYOR PRO TEM

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

Agency: _____ Position: _____

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

State

Multi-County _____

City of EL MONTE

Judge or Court Commissioner (Statewide Jurisdiction)

County of LOS ANGELES

Other _____

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CITY CLERKS OFFICE
2017 MAR 13 P 2:17

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is ____/____/____, through December 31, 2016.

Leaving Office: Date Left ____/____/____
(Check one)

The period covered is January 1, 2016, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

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. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I have reviewed the information contained herein and in any attached schedules is true and complete. I acknowledge that

I certify under penalty of perjury under the laws of the State of California

Date Signed 3-13-17
(month, day, year)

Sig

SCHEDULE D
Income – Gifts

Name
JERRY VELASCO

▶ NAME OF SOURCE *(Not an Acronym)*
Mike Soo Properties
 ADDRESS *(Business Address Acceptable)*
25 E. Huntington Drive
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Arcadia, CA 91006

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 1 / 16</u>	<u>\$ 100</u>	<u>Dinner Taste of Arcadi</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
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Comments: _____

**ATTACHED SHEET FOR
STATEMENT OF ECONOMIC INTERESTS FORM 700
COVERING TIME PERIOD
JANUARY 1, 2016 – DECEMBER 31, 2016
FOR
JERRY VELASCO**

1. City of El Monte/Mayor Pro Tem
 - a. El Monte Public Financing Agency/Agency Member
 - b. El Monte Public Facilities Corporation/ Agency Member
 - c. El Monte Housing Authority Agency/ Agency Member
 - d. El Monte Water Authority Agency/ Agency Member
 - e. El Monte Parking Authority Agency/ Agency Member
 - f. Oversight Board to the Successor Agency to the Dissolved El Monte Community Redevelopment Agency of the City of El Monte/ Agency Member

2. (ACE) Alameda Corridor East Gateway to America Construction Authority

3. (LACMTA) Los Angeles Metro Transportation Authority

4. San Gabriel Valley Economic Partnership of Commerce and Cities

5. (COG) San Gabriel Valley Council of Governments

6. (ICRMA) Independent Cities Risk Management Association