CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

TN

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
MARTINEZ	VICTORIA	RENEE

1. Office, Agency, or Court

Agency Name
CITY OF EL MONTE

Division, Board, Department, District, if applicable: EL MONTE CITY COUNCIL

Your Position: COUNCILWOMAN

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

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 _____

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

☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is ____/____/_____, through December 31, 2012.

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

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

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

○ The period covered is January 1, 2012, 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:* 4

- ☐ **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]

herein and in any attached schedules is true and complete. I ackr[redacted]

I certify under penalty of perjury under the laws of the State o[redacted]

Date Signed 4/2/13
(month, day, year)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
VICTORIA MARTINEZ

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
VALLEY VISTA SERVICES
ADDRESS *(Business Address Acceptable)*
17445 RAILROAD ST.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CITY OF INDUSTRY, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/16/12	$ 30	LUNCH
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
MONARES GROUP
ADDRESS *(Business Address Acceptable)*
100 S. VINCENT AVE #403,
BUSINESS ACTIVITY, IF ANY, OF SOURCE
WEST COVINA, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/27/12	$ 25	LUNCH
8/23/12	$ 30	LUNCH TICKET
10/23/12	$ 60	LUNCHEON TICKET

▶ NAME OF SOURCE *(Not an Acronym)*
PACIFICA SERVICES
ADDRESS *(Business Address Acceptable)*
106 S. MENTOR AVE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
PASADENA, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/12/12	$ 45	LUNCH
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
CRAIG COOK
ADDRESS *(Business Address Acceptable)*
14715 LOZANO DR.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
BALDWIN PARK, CA 91706

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/28/12	$ 25	LUNCH
5/2/12	$ 30	LUNCH
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
SOUTHERN CALIFORNIA EDISON
ADDRESS *(Business Address Acceptable)*
8631 RUSH ST.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
ROSEMEAD, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/2/12	$ 200	ROUND OF GOLF AND DINNER
9/19/12	$ 25	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
SOUTHLAND TRANSIT
ADDRESS *(Business Address Acceptable)*
3650 ROCKWELL AVE.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
EL MONTE, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/28/12	$ 15	BREAKFAST
/ /	$	
/ /	$	

Comments:

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SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
ROSE HILLS MORTUARY
ADDRESS *(Business Address Acceptable)*
3888 WORKMAN MILL RD.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
WHITTIER, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/12/12	$ 100	DINNER TICKET
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
TELACU
ADDRESS *(Business Address Acceptable)*
5400 E. OLYMPIC BLVD.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
COMMERCE, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/8/12	$ 300	DINNER TICKET
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
TECS ENVIRONMENTAL
ADDRESS *(Business Address Acceptable)*
106 S MENTOR AVE.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
PASADENA, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/8/12	$ 100	DINNER
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
URBAN ASSOCIATES
ADDRESS *(Business Address Acceptable)*
5800 S. EASTERN AVE #260
BUSINESS ACTIVITY, IF ANY, OF SOURCE
COMMERCE, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/26/12	$ 15	BREAKFAST
12/19/12	$ 15	BREAKFAST
/ /	$	

▶ 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
VICTORIA MARTINEZ

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **You must 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 CA CITIES
ADDRESS *(Business Address Acceptable)*
1400 K Street, #400
CITY AND STATE
Sacramento
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
NEWLY ELECTED CONFERENCE
DATE(S): 1/18/12 - 1/20/12 *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
TRAVEL, REGISTRATION, HOTEL

▶ NAME OF SOURCE *(Not an Acronym)* LATINO ELECTED
NATIONAL ASSOCIATION OF OFFICIALS
ADDRESS *(Business Address Acceptable)*
1122 W. WASHINGTON BLVD, 3RD FLOOR
CITY AND STATE
LOS ANGELES, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
NEWLY ELECTED CONFERENCE
DATE(S): 11/14/12 - 11/17/12 *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
TRAVEL, REGISTRATION, HOTEL

▶ NAME OF SOURCE *(Not an Acronym)*
SOUTHERN CA. ASSN. OF GOVTS
ADDRESS *(Business Address Acceptable)*
818 W. 7TH STREET, 12 FLOOR
CITY AND STATE
LOS ANGELES, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): 4/4/12 - 4/5/12 *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
REGISTRATION & HOTEL

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: