

STATEMENT OF ECONOMIC INTERESTS

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

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

COUNCILWOMAN

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

Agency: _____

Position: _____

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

Assuming Office: Date assumed ____/____/____

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.

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

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

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]

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

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

Date Signed 4/11/17
(month, day, year)

(2017)
ca.gov

SCHEDULE D
Income – Gifts

Name
VICTORIA MARTINEZ

▶ NAME OF SOURCE (Not an Acronym)
MONAROS GROUP

ADDRESS (Business Address Acceptable)
100 S. VINCENT AVE #2077

BUSINESS ACTIVITY, IF ANY, OF SOURCE
WINE (WINA), CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 5, 16</u>	<u>\$ 25</u>	<u>LUNCH</u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
VALLEY VISTA SERVICES

ADDRESS (Business Address Acceptable)
17445 E. RAILROAD ST.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CITY OF INDUSTRY, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 11, 16</u>	<u>\$ 15</u>	<u>BREAKFAST</u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
OLIVARRE MADRUGA

ADDRESS (Business Address Acceptable)
1100 S. FLOWER ST. #2100

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOS ANGELES, CA 90015

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 7, 16</u>	<u>\$ 30</u>	<u>DINNER</u>
<u>10, 23, 16</u>	<u>\$ 40</u>	<u>DINNER</u>
<u>/ /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
GRAPEVINE ADVISORS

ADDRESS (Business Address Acceptable)
15301 VENTURA BLVD #490

BUSINESS ACTIVITY, IF ANY, OF SOURCE
GILBERTMAN OAKS, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 18, 16</u>	<u>\$ 15</u>	<u>BREAKFAST</u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
LA YELLOW CAB

ADDRESS (Business Address Acceptable)
GARDENA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
GARDENA, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 18, 16</u>	<u>\$ 15</u>	<u>BREAKFAST</u>
<u>7, 11, 16</u>	<u>\$ 10</u>	<u>COFFEE</u>
<u>10, 7, 16</u>	<u>\$ 30</u>	<u>DINNER</u>

▶ NAME OF SOURCE (Not an Acronym)
EVAN BROOKS & ASSOCIATES

ADDRESS (Business Address Acceptable)
1030 S. ARROYO PKWY #106

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PASADENA, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 6, 16</u>	<u>\$ 20</u>	<u>LUNCH</u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
VICTORIA MARTINEZ

▶ NAME OF SOURCE (Not an Acronym)
AVANT-GARDE

ADDRESS (Business Address Acceptable)
1815 E. HEIM AVE. STE. 205

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ORANGE, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8, 29, 16	\$ 40	DINNER
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
THRIVENT FINANCIAL

ADDRESS (Business Address Acceptable)
4321 N. BALLARD ED.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
APPLETON, WI

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9, 17, 16	\$ 125	EVENT TICKET
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____

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

Name
VICTORIA MARTINEZ

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
AMERICAN ISRAEL EDUCATIONAL FUND
ADDRESS (Business Address Acceptable)
PO BOX 251389
CITY AND STATE
LOS ANGELES, CA 90035
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 12/10/16 - 12/17/16 AMT: \$ _____
(If gift)

- ▶ MUST CHECK ONE: Gift -or- Income
- Made a Speech/Participated in a Panel
- Other - Provide Description EDUCATIONAL TOUR

▶ If Gift, Provide Travel Destination ISRAEL

▶ NAME OF SOURCE (Not an Acronym)
SANITATION DISTRICT
ADDRESS (Business Address Acceptable)
1955 WORKMAN MILL ROAD
CITY AND STATE
WHITTIER, CA 90607
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 1/1/16 - 12/31/16 AMT: \$ _____
(If gift)

- ▶ MUST CHECK ONE: Gift -or- Income
- Made a Speech/Participated in a Panel
- Other - Provide Description MILEAGE FOR MEETINGS

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
ALAMETA CORRIDOR EAST
ADDRESS (Business Address Acceptable)
4900 RIVERGRADE RD # A120
CITY AND STATE
IRVINDALE, CA 91706
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 3/13/16 - 3/16/16 AMT: \$ _____
(If gift)

- ▶ MUST CHECK ONE: Gift -or- Income
- Made a Speech/Participated in a Panel
- Other - Provide Description _____

▶ If Gift, Provide Travel Destination WASHINGTON DC

▶ 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): _____ - _____ AMT: \$ _____
(If gift)

- ▶ MUST CHECK ONE: Gift -or- Income
- Made a Speech/Participated in a Panel
- Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

1. City of El Monte/Councilwoman
 - 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
2. Los Angeles County Sanitation District No. 15/Alternate Board Member
3. (COG) San Gabriel Valley Council of Governments/Delegate Board Member
4. (ACE) Alameda Corridor East Gateway to America Construction Authority/Delegate Board Member
5. (LACMTA) Los Angeles Metro Transportation Authority/Alternate Board Member
6. (SCAG) Southern California Association of Governments/Alternate Board Member