CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
11 APR 15 PM 2:16

CITY CLERK'S OFFICE
CITY OF BELL GARDENS
2011 MAR 30 PM 12:31
7100 GARFIELD AVENUE
BELL GARDENS, CA 90201

Please type or print in ink.

NAME OF FILER (LAST): INFANZON (FIRST): SERGIO (MIDDLE):

1. Office, Agency, or Court

Agency Name: CITY OF BELL GARDENS

Division, Board, Department, District, if applicable:

Your Position: MAYOR PRO TEM

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

Agency: SEE ATTACHMENT Position:

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

- ☐ State
- ☐ Multi-County
- ☒ City of BELL GARDENS
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of
- ☐ Other

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

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

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

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

○ The period covered is January 1, 2010, 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*

herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed MARCH 30, 2011 *(month, day, year)* **Signatu**

Clear Cover Page | Print Form | *specify pages to print*

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
SERGIO A. INFANZON

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

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the $420 gift limit.**

▶ NAME OF SOURCE
NALEO EDUCATIONAL FUND
ADDRESS *(Business Address Acceptable)*
1122 W. WASHINGTON BLVD
CITY AND STATE
LOS ANGELES, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
PROMOTE CIVIC PARTICIPATION
DATE(S): 11/18/10 - 11/21/10 *(If applicable)* AMT: $ 1,200 00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: SCHOLARSHIP TO ATTEND A NEWLY ELECTED OFFICIALS INSTITUTE

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments:

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STATEMENT OF ECONOMIC INTERESTS – ANNUAL
(FORM 700)

COVER PAGE ATTACHMENT

FILER: Sergio Infanzon
7100 Garfield Ave., Bell Gardens, CA 90201
(562) 806-7754

If filing for multiple positions, list additional agencies/positions:

Gateway Cities Council of Governments – Delegate
Annual (01-01-10 through 12-31-10)

Greater Los Angeles County Vector Control District – Alternate
Annual (01-01-10 through 12-31-10)