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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
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COVER PAGE

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By _____

CITY OF BALDWIN PARK
CITY CLERK'S DEPARTMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lozano Manuel

1. Office, Agency, or Court

Agency Name
City of Baldwin Park
Division, Board, Department, District, if applicable
City Council
Your Position
Mayor

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

Agency: Foothill Transit Position: Board Member

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

State Judge (Statewide Jurisdiction)
 Multi-County _____ County of Los Angeles
 City of Baldwin Park 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: _____

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

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

Date Signed _____
(month, day, year)

SI

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ST. FRANCIS MEDICAL CENTER

ADDRESS (Business Address Acceptable)
3630 E. IMPERIAL, LYNWOOD, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOSPITAL

YOUR BUSINESS POSITION
DIRECTOR, PUBLIC SAFETY & TRANSPORTATION DEPT.

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE
 _____% None

TERM (Months/Years)

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
LOZANO, MANUEL

▶ NAME OF SOURCE
WASTE MANAGEMENT
ADDRESS (Business Address Acceptable) B.P., CA
13940 E. LIVE OAK AVE., 91706
BUSINESS ACTIVITY, IF ANY, OF SOURCE
WASTE HAULER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/18/10</u>	<u>\$ 75.00</u>	<u>DINNER</u>
<u>05/12/10</u>	<u>\$ 75.00</u>	<u>DINNER</u>
<u>08/24/10</u>	<u>\$ 75.00</u>	<u>DINNER</u>

▶ NAME OF SOURCE
SUPERIOR GROCERS
ADDRESS (Business Address Acceptable) SANTA FE SPRINGS,
15570 CARMENITA RD., CA 90670
BUSINESS ACTIVITY, IF ANY, OF SOURCE
SUPER MARKET/GROCERS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03/10/2010</u>	<u>\$ 75.00</u>	<u>DINNER</u>
<u>06/01/2010</u>	<u>\$ 75.00</u>	<u>DINNER</u>
<u>_____</u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
DELTERRA
ADDRESS (Business Address Acceptable)
13181 CROSSROADS PKWY. No., STE. 200
BUSINESS ACTIVITY, IF ANY, OF SOURCE CITY OF INDUSTRY
CONSTRUCTION MANAGEMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/09/10</u>	<u>\$ 75.00</u>	<u>DINNER</u>
<u>03/29/10</u>	<u>\$ 25.00</u>	<u>DINNER</u>
<u>09/13/10</u>	<u>\$ 30.00</u>	<u>DINNER</u>

▶ NAME OF SOURCE
MAYERS NAVE LAW FIRM
ADDRESS (Business Address Acceptable)
PROFESSIONAL LAW CORPORATION
BUSINESS ACTIVITY, IF ANY, OF SOURCE
LEGAL/ATTORNEY SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03/04/10</u>	<u>\$ 50.00</u>	<u>DINNER</u>
<u>03/18/10</u>	<u>\$ 50.00</u>	<u>DINNER</u>
<u>_____</u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
AAE INCORPORATED
ADDRESS (Business Address Acceptable) BREA, CA
601 S. VALENCIA AVE., STE. 250 92823
BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENGINEERING & GENERAL CITY SVCS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04/19/10</u>	<u>\$ 30.00</u>	<u>DINNER</u>
<u>10/27/10</u>	<u>\$ 30.00</u>	<u>DINNER</u>
<u>_____</u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
D.C. CORPORATION
ADDRESS (Business Address Acceptable) WEST COVINA
1773 W. SAN BERNARDINO RD., STE. B-42 91791
BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOUSING DEVELOPMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04-10</u>	<u>\$ 50.00</u>	<u>DINNER</u>
<u>09-10</u>	<u>\$ 50.00</u>	<u>DINNER</u>
<u>12-10</u>	<u>\$ 100.00</u>	<u>Gift Basket</u>

Comments: _____