

04-01-11P04:58 RCVD

Please type or print in ink.

11 APR -6 PM 2:00

NAME OF FILER (LAST) Ojeda (FIRST) Steven (MIDDLE)

**1. Office, Agency, or Court**

Agency Name City of Arvin  
Division, Board, Department, District, if applicable City Council  
Your Position Council Member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Arvin  Other \_\_\_\_\_

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

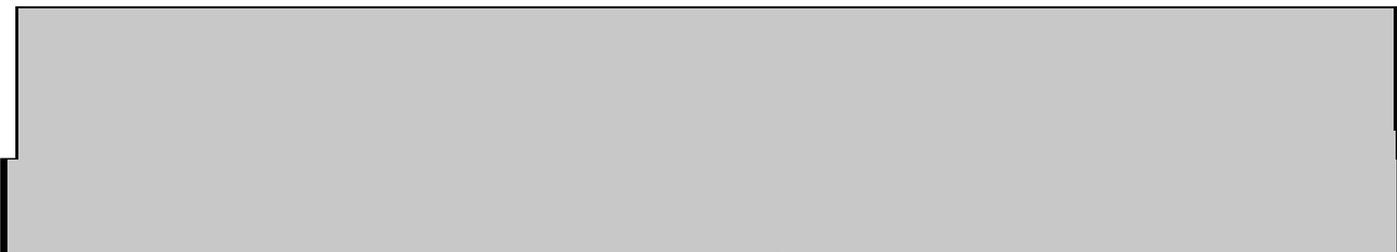
Annual: The period covered is January 1, 2010, through December 31, 2010.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
-or- (Check one)  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  The period covered is January 1, 2010, through the date of leaving office.  
 Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."  Total number of pages including this cover page: 2

Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached  
 Schedule B - Real Property - 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 that

Date Signed 4-1-11 Signatu  
(month, day, year)

Attachment to FPPC Form 700

CA-01-11P04:58 RCVD

Name: Steven Ojeda  
Type of Statement  
(check one)

\_\_\_ Assuming Office/Initial Date: \_\_\_/\_\_\_/\_\_\_

Annual:(check one)

The period covered is January 1, 2010 through December 31, 2010.  
-or-

\_\_\_ The period is \_\_\_/\_\_\_/\_\_\_, through December 31, \_\_\_.

\_\_\_ Leaving Office      Date Left: \_\_\_/\_\_\_/\_\_\_  
(Check one)

\_\_\_ The period covers is January 1, \_\_\_ through the date of leaving office.

-or-

\_\_\_ The period covered is \_\_\_/\_\_\_/\_\_\_ through the date of leaving office.

Additional Agencies/Positions:  
(Check all the apply)

Arvin Community Redevelopment Agency  
\_\_\_ Chairperson       Member      \_\_\_ Other: \_\_\_\_\_

Arvin Public Financing Authority  
\_\_\_ Chairperson       Member      \_\_\_ Other: \_\_\_\_\_

Arvin Housing Authority  
\_\_\_ Chairperson       Member      \_\_\_ Other: \_\_\_\_\_

\_\_\_ Kern Council of Governments  
\_\_\_ Chairperson      \_\_\_ Member      \_\_\_ Other: \_\_\_\_\_

Agency

Position

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d)(5)

4-1-11

Date