

STATEMENT OF ECONOMIC INTERESTS

Date Received
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COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

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CITY CLERK
CITY OF PICO RIVERA

Please type or print in ink.

NAME OF FILER (LAST) Armenta (FIRST) David (MIDDLE) W.
11 APR - 1 PM 2:03 2011 MAR 23 AM 9:42

1. Office, Agency, or Court

Agency Name

City of Pico Rivera

Division, Board, Department, District, if applicable

Your Position

Mayor

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 Pico Rivera

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 / / (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:

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

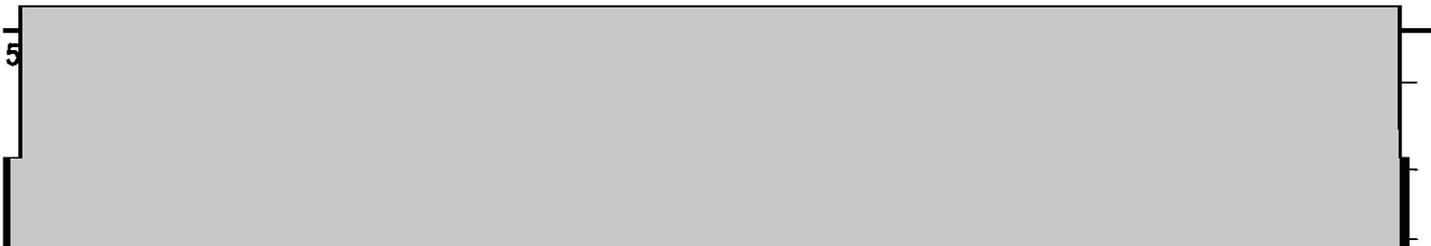
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge this is true. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/22/11 (month, day, year)

Signature

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

Name
DAVID W. ARMENTA

- **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
LUIGI VERNOLA
 ADDRESS (Business Address Acceptable)
10605 BLOOMFIELD AVE.
 CITY AND STATE
SANTA FE SPRINGS, CA 90670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
TOWING COMPANY
 DATE(S): 12/20/10 - 12/20/10 AMT: \$165.00
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: 1 CHRISTMAS BASKET @ \$65.00
1 FLOWER ARRANGEMENT @ \$100.00

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

Comments: _____