

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CITY OF SANTA PAULA
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gonzales Robert S

1. Office, Agency, or Court

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

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

Agency: Refer attached Position: Council Member

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

State Judge (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of City of Santa Paula Other _____

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

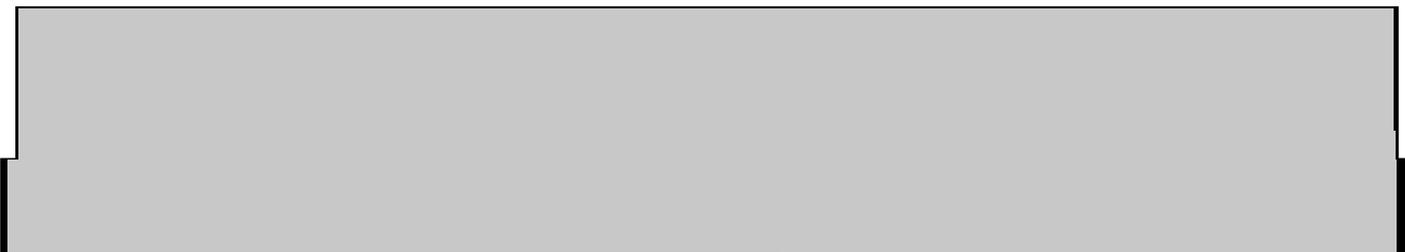
Annual: The period covered is January 1, 2010, through December 31, 2010. **-or-** Leaving Office: Date Left ____/____/____
The period covered is ____/____/____, through December 31, 2010. (Check one)
 Assuming Office: Date ____/____/____ The period covered is January 1, 2010, through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____ 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: 7**

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 certify under penalty of perjury under the laws of the State of California that the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.

Date Signed March 14, 2011 Signature _____
(month, day, year)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Robert S. Gonzales

▶ NAME OF BUSINESS ENTITY
Pershing LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment Group

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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(Describe)
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 Stock Other _____
(Describe)
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IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Robert S. Gonzales</u>
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▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>P.E.R.S</u>	NAME OF SOURCE OF INCOME <u>Securitas Security Services Inc. USA</u>
ADDRESS (Business Address Acceptable) _____ _____	ADDRESS (Business Address Acceptable) <u>4001 Alameda Ave. Suite #100</u> _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Retirement System</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Security Company</u>
YOUR BUSINESS POSITION <u>N/A</u>	YOUR BUSINESS POSITION <u>Project Manager</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input checked="" type="checkbox"/> Other <u>Retirement Pension</u> <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Robert S. Gonzales</u>
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- **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.**

<p>▶ NAME OF SOURCE <u>Global Water Intelligence</u> ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>I presented at their Annual Conf. in Washington D.C</u> DATE(S): <u>11 / 03 / 10 - 11 / 06 / 10</u> AMT: \$ <u>600.47</u> <small>(if applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income DESCRIPTION: <u>Reimbursement for travel and expenses during the conference. GWI paid for hotel directly.</u></p>	<p>▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) _____ DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(if applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) _____ DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(if applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) _____ DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(if applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>

Comments: _____

Additional Sheet for Statement of Economic Interests

2010 Form 77

Expanded Filing

Robert S. Gonzales

City of Santa Paula

970 Ventura Street

Santa Paula CA. 93060

1. Office, Agency, or Court

Agency: Santa Paula Community Healthcare Authority

Position: Member

Agency: Santa Paula Public Financing Authority

Position: Member

Agency: Santa Paula Redevelopment Agency

Position: Member

Agency: Santa Paula Utility Authority

Position: Member

Agency: Ventura Co. Comm. College/Joint Powers Agreement Committee

Position: Member

Agency: Economic Development Collaborative- Ventura County

Position: Alternate

Agency: Ventura Regional Sanitation District

Position: Member