

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only



03-07-13P01:13 RCVD

Please type or print in ink.

NAME OF FILER (LAST) PICHARDO (FIRST) ANTONIE (MIDDLE) T
TONI

1. Office, Agency, or Court

Agency Name City of ARVIN Your Position CITY COUNCIL MEMBER FULL TERM
Division, Board, Department, District, if applicable City Council

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

Agency: SEE ATTACHED Position: _____

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

- State
- Multi-County _____
- City of ARVIN
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is _____, through December 31, 2012.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

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



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

Date Signed March 6, 2013
(month, day, year)

Attachment to FPPC Form 700

Name: ANTONETTE G. PICHARDO

Type of Statement:
(check one)

Assuming Office /Initial Date: ___/___/___

Annual: (check one)

The period covered is January 1, 2012 through December 31, 2012.
- or -

The period covered 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 that apply)

Oversight Board for the Successor Agency to the Arvin Community Redevelopment Agency
 Chair Member Other: ALTERNATE MEMBER

Arvin Public Financing Authority
 President Member Other: _____

Arvin Housing Authority
 President Member Other: _____

Kern Council of Governments
 Board Member Alternate Board Member Other: _____

Agency

Position

City of Arvin

CITY COUNCIL MEMBER - FULL TERM

KERN COUNTY MOSQUITO & VECTOR CONTROL DISTRICT

BOARD MEMBER



Signature

March 4, 2013

Date

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
ANTONINETTE G. PICHARDO

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
192-130-12-00.3

CITY
ARVIN

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

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE TERM (Months/Years)
 _____% None _____

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

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

Comments: _____