

AN2012

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE



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BELL CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) Quintana (FIRST) Ana Maria (MIDDLE)
2013 APR 22 AM 11:39 2013 APR 22 PM 3:25

1. Office, Agency, or Court

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

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

Agency: City Council Position: Council Member

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

- State
- Multi-County _____
- City of Bell
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Los Angeles
- 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 04/03/2013
- 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

5. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 4/2/13
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Ana Maria Quintana

▶ NAME OF SOURCE (Not an Acronym)
Interwest Consulting Group

ADDRESS (Business Address Acceptable)
15061 Springdale St. Ste 205 Huntington Beach CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 12	\$ 50	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Irma Rodriguez-Moisa

ADDRESS (Business Address Acceptable)
12800 Center Court Drive Cerritos, CA 90723

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MALDEF Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 12	\$ 275	MALDEF Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Southern California Edison

ADDRESS (Business Address Acceptable)
1201 K St. Sacramento, CA 95831

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pat Brown Institute 31st Annual Award Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 31 / 12	\$ 150	Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
League of Cities

ADDRESS (Business Address Acceptable)
1400 K St. Suite 400 Sacramento, CA 95831

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2012 League Leaders Workshop and Training

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 12	\$ 400	Training
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Latino Caucus Institute

ADDRESS (Business Address Acceptable)
P.O. Box 26899 Los Angeles, CA 90026

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Elected Officials Training

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 12	\$ 400	Training
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Vanessa Delgado

ADDRESS (Business Address Acceptable)
201 S. Figueroa St. Ste 300 Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOPE Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 12	\$ 250	HOPE Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Yale Latino Alumni Association

ADDRESS (Business Address Acceptable)
P.O. Box 209010

CITY AND STATE
New Haven, CT 06520

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 04 / 19 / 12 - / / AMT: \$ 115.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Reunion Fee

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
Hudson Institute

ADDRESS (Business Address Acceptable)
1015 15th St. NW, Suite 600

CITY AND STATE
Washington DC 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

Broken Cities or Civic Renewal Panel

DATE(S): 10 / 19 / 12 - 10 / 27 / 12 AMT: \$ 1,090.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Travel and Lodging

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____