

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) INFANZON (FIRST) SERGIO (MIDDLE) CITY CLERK'S OFFICE CITY OF BELL GARDENS 201 APR -3 A 8:01

1. Office, Agency, or Court

Agency Name CITY OF BELL GARDENS 7100 GARFIELD AVENUE BELL GARDENS, CA 90201
Division, Board, Department, District, if applicable
Your Position MAYOR PRO TEM

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

Agency: SEE ATTACHMENT Position:

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

- State
Multi-County
City of BELL GARDENS
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
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.
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: 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
None - No reportable interests on any schedule

5. [Redacted Signature Area]

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 March 31, 2013 (month, day, year)

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

Name _____

- 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)
NALED EDUCATIONAL FUND
ADDRESS (Business Address Acceptable)
1122 W. WASHINGTON BLVD.
CITY AND STATE
LOS ANGELES, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
PROMOTE CIVIC PARTICIPATION
DATE(S): 02/24/12 - 02/26/12 AMT: \$ 1,100⁰⁰
(If gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
SCHOLARSHIP TO ATTEND A POLICY
INSTITUTE ON BUILDING HEALTHY COMMUNITIES

▶ NAME OF SOURCE (Not an Acronym)
NALED EDUCATIONAL FUND
ADDRESS (Business Address Acceptable)
1122 W. WASHINGTON BLVD
CITY AND STATE
LOS ANGELES, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
PROMOTE CIVIC PARTICIPATION
DATE(S): 07/20/12 - 07/22/12 AMT: \$ 1,100⁰⁰
(If gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
SCHOLARSHIP TO ATTEND A POLICY
INSTITUTE ON EMERGENCY PLANNING

▶ NAME OF SOURCE (Not an Acronym)
NALED EDUCATIONAL FUND
ADDRESS (Business Address Acceptable)
1122 W. WASHINGTON BLVD
CITY AND STATE
LOS ANGELES, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
PROMOTE CIVIC PARTICIPATION
DATE(S): 04/20/12 - 04/22/12 AMT: \$ 1,100⁰⁰
(If gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
SCHOLARSHIP TO ATTEND A POLICY
INSTITUTE ON BUILDING HEALTHY COMMUNITIES

▶ 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: SCHOLARSHIP WAS PROVIDED AS PART OF A COMMITMENT
TO ATTEND A SERIES OF INSTITUTES ON THE SUBJECT MATTER

**STATEMENT OF ECONOMIC INTERESTS-ANNUAL
(FORM 700)**

COVER PAGE ATTACHMENT

**FILER: Sergio Infanzon
7100 Garfield Ave., Bell Gardens, CA 90201
(562) 806-7754**

If filing for multiple positions, list additional agencies/positions:

**Gateway Cities Council of Governments – Delegate
Annual (01-01-11 – 12-31-11)**

**Greater Los Angeles County Vector Control District- Alternate
Annual (01-01-11 – 12-31-11)**

**HUB Cities-Board Member
Annual (05-14-12 – 05-14-13)**