

2012 AN

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received Office of the Clerk

A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST) Macias, (FIRST) Norma (MIDDLE) Leticia

1. Office, Agency, or Court

Agency Name

City of El Monte

Division, Board, Department, District, if applicable

Your Position

Council Member

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

Agency: Position:

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

- State, Multi-County, City of, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

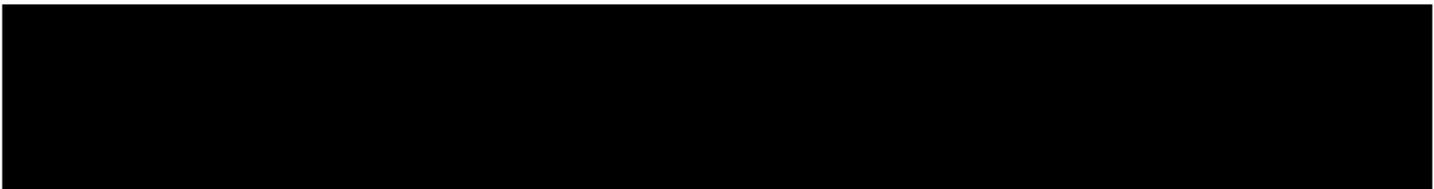
4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

- Schedule A-1, A-2, B, C, D, E, None

5. Verification



I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this

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

Date Signed 7/22/13

Signature



Please file the originally signed statement with your filing officer.

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



▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Committee to Re-Elect Lorella Sanchez

ADDRESS (Business Address Acceptable)
From 607 Anaheim Blvd., Anaheim CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fundraiser

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

Comments: _____

▶ 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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
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	<input type="checkbox"/> Real Property _____ <small>Street address</small>	_____
	<input type="checkbox"/> Guarantor _____	_____
	<input type="checkbox"/> Other _____ <small>(Describe)</small>	_____

Filer's Verification

Print Name _____ Office, Agency or Court _____

Statement Type 2012/2013 Annual _____ Annual Assuming Leaving Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____ Filer's Signature _____
(month, day, year)



2013 APR -3 PM 1:27

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MACIAS NORMA

1. Office, Agency, or Court

Agency Name
CITY OF EL MONTE
Division, Board, Department, District, if applicable
EL MONTE CITY COUNCIL
Your Position
MAYOR PRO-TEM / COUNCILWOMAN

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of EL MONTE
- 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 _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- 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. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed it herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed April 1, 2013
(month, day, year)

Signature

SCHEDULE D
Income - Gifts

Name
Norma Macias

▶ NAME OF SOURCE (Not an Acronym)
Valley Vista Services
ADDRESS (Business Address Acceptable)
17445 Railroad, Industry 91748
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/24/12</u>	<u>60-</u>	<u>Dinner</u>
<u>9/20/12</u>	<u>30-</u>	<u>Dinner</u>
___/___/___	\$ ___	___

▶ NAME OF SOURCE (Not an Acronym)
Leon Garcia
ADDRESS (Business Address Acceptable)
1507 Litchford Ave. Hacienda Hts
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/10/12</u>	<u>30-</u>	<u>Dinner</u>
<u>12/13/12</u>	<u>25</u>	<u>Dinner</u>
___/___/___	\$ ___	___

▶ NAME OF SOURCE (Not an Acronym)
American Reclamation
ADDRESS (Business Address Acceptable)
4560 Param St., LA CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/2/12</u>	<u>60.00</u>	<u>Dinner</u>
___/___/___	\$ ___	___
___/___/___	\$ ___	___

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ ___	___
___/___/___	\$ ___	___
___/___/___	\$ ___	___

▶ NAME OF SOURCE (Not an Acronym)
James Acevedo Grape Vine
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/14/2012</u>	<u>30-</u>	<u>Lunch</u>
<u>4/8/2012</u>	<u>25-</u>	<u>Dinner</u>
___/___/___	\$ ___	___

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ ___	___
___/___/___	\$ ___	___
___/___/___	\$ ___	___

Comments: _____