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CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

CITY CLERK  
CITY OF INDIO  
[Signature]

Please type or print in ink.

2013 MAR 22 PM 1:03

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
WATSON GUADALUPE RAMOS

1. Office, Agency, or Court

Agency Name  
CITY OF INDIO / STATE OF CALIFORNIA ASSEMBLY  
Division, Board, Department, District, if applicable  
CITY COUNCIL / Your Position  
FIELD REPRESENTATIVE

► 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 IMPERIAL/RIVERSIDE  
 City of INDIO  
 Judge or Court Commissioner (Statewide Jurisdiction)  
 County of RIVERSIDE  
 Other SOUTHERN CALIF/COACHELLA VALLEY

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 Jan 1 2012 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: \_\_\_\_\_  
 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

[Redacted Signature Area]  
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 3/20/13 (month, day, year) Sign [Redacted]

## Cover Page: Item 1

## Office, Agency or Court

- |  |   |              |
|--|---|--------------|
| 1) City of Indio                           | City Council ✓  | Member       |
| 2) City of Indio                           | Indio Water Authority   | Board Member |
| 3) City of Indio                           | Public Finance Authority  | Board Member |
| 4) City of Indio                           | Housing Authority   | Board Member |
| 5) City of Indio                           | Coachella/Indio Joint Waste Transfer JPA  | Board Member |
| 6) County of Riverside                     | Fair Advisory Board   | Board Member |
| 7) County of Riverside                     | Riv County Children & Families Commission   | Commissioner |
| 8) County of Riverside                     | Coachella Valley Association of Governments:  |              |
|  | Executive Board   | Member       |
|  | Homelessness Committee  | Member/Chair |
| 9) County of Riverside/<br>Imperial County | Imperial Irrigation District: Energy Consumers<br>Advisory Committee  | Member/Chair |
| 10) Southern California                    | Southern California Association of Governments: ✓<br>Regional Council and<br>Energy & Environment Committee | Board Member |
| 11) California                             | Coachella Valley Water District:<br>Water Policy Advisory Committee   | Member       |
| 12) California                             | State Assembly ✓  | Field Rep    |

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest Is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
WATSON, G.R.

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
WATSON FAMILY TRUST  
GENERAL DELIVERY, INDIO POSTOFFICE 92202

Address (Business Address Acceptable)  
 \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
 \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
0611-281-007 211-022-028 715-211-017

Description of Business Activity or City or Other Precise Location of Real Property  
 \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
 \_\_\_\_\_

Address (Business Address Acceptable)  
 \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
 \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
 \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property  
 \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_ / \_\_\_\_\_ / 12                      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
WATSON, G.R.

▶ NAME OF SOURCE (Not an Acronym)  
CIVIL JUSTICE ASSOC. OF CA.  
 ADDRESS (Business Address Acceptable)  
1201 K Street, Suite 1850  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Sacramento, Ca 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10, 18, 12</u>	<u>37.95</u>	<u>Lunch</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)  
 \_\_\_\_\_  
 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)  
 \_\_\_\_\_  
 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)  
 \_\_\_\_\_  
 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)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Next and for Assembly 2012

ADDRESS (Business Address Acceptable)  
2150 River Plaza Dr #150 Sac, Ca

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign

YOUR BUSINESS POSITION  
Consult

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)

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	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

**Filer's Verification**

Print Name Guadalupe Ramos Watson Office, Agency or Court City of Indio / State of California

Statement Type  2013 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(yr) Assembly

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

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

Date Signed 9/11/13 Filer's Signature \_\_\_\_\_  
(month, day, year)

**SCHEDULE D  
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Western Municipal Water Agency

ADDRESS (Business Address Acceptable)  
14205 Meridian Parkway, Riverside

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Water Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/23/12</u>	<u>\$ 150.00</u>	<u>Meals &amp; Lodging</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)  
Nestande for Assembly 2012

ADDRESS (Business Address Acceptable)  
2150 River Plaza Dr #150 Sac, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CAMPAIGN

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/6/12</u>	<u>\$ 25.00</u>	<u>Lunch meal</u>
<u>12/3/12</u>	<u>\$ 70.00</u>	<u>dinner meal</u>
<u>12/9/12</u>	<u>\$ 50.00</u>	<u>dinner meal</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)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

**Filer's Verification**

Print Name Enadalupe Ramos Watson

Office, Agency or Court City of Indio / State of California Assembly

Statement Type  2012-2013 Annual  Assuming  Leaving  
 (yr) Annual  Candidate

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 09/11/13

Filer's S 

Comments: \_\_\_\_\_