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CITY OF NORCO

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

APR 01 2013

13 APR -4 AM 10:32

TIME: _____
CITY CLERK _____

Please type or print in ink.

NAME OF FILER (LAST) Azevedo (FIRST) Kathleen (MIDDLE) Ann

1. Office, Agency, or Court

Agency Name City of Norco
Division, Board, Department, District, if applicable City Council Your Position Mayor

▶ If filing for multiple positions, list below or on an attachment.
Agency: RCTC Riverside County Transportation Commission Position: Executive board member, Admin Finance member
WRCOG - Western Riverside Council of Governments

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

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

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

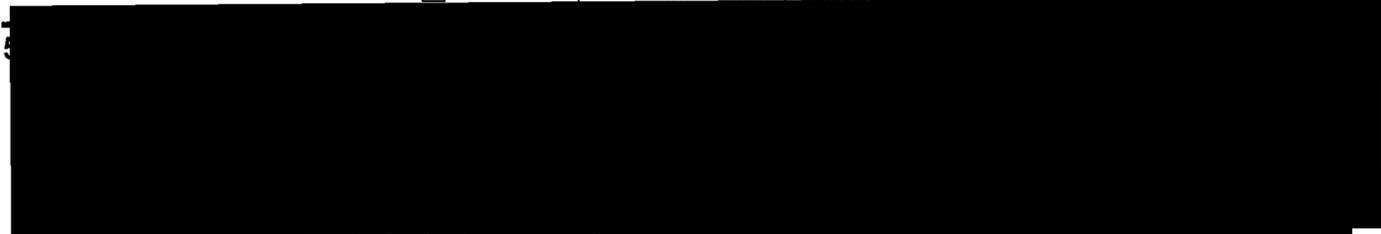
- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is _____, through December 31, 2012.
- Assuming Office:** Date assumed _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- 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: 5

- 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. I certify that the information contained herein and in any attached schedules is true and complete. I acknowledge that this statement is a public document.

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

Date Signed 4/01/2013
(month, day, year)

(File the originally signed statement with your filing official.)

SCHEDULE D
Income - Gifts

Name
Kathy Azevedo

▶ NAME OF SOURCE (Not an Acronym)
Dixie n Evelyns
 ADDRESS (Business Address Acceptable)
ACS event, I was honoree
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
09/19/2012 \$100⁰⁰ outfit for evening

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

▶ NAME OF SOURCE (Not an Acronym)
So Cal Gas Company
 ADDRESS (Business Address Acceptable)
Chamber Installation Dinner
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Jan 2012 200⁰⁰ Dinner

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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____