



COVER PAGE FAIR POLITICAL PRACTICES COMMISSION

RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) HOFMEYER (FIRST) DARYL (MIDDLE) 13 MAR 12 AM 11:59 CITY OF PARAMOUNT

1. Office, Agency, or Court

Agency Name

CITY OF PARAMOUNT

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER

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

Agency: PLEASE SEE ATTACHMENT. Position:

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

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

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

- Annual: The period covered is January 1, 2012, through December 31, 2012. Leaving Office: Date Left, The period covered is January 1, 2012, through the date of leaving office. Assuming Office: Date assumed, 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: 8

- 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. V

I have used all reasonable diligence in preparing this statement. I have read this statement and the schedules attached hereto and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy and completeness of the information provided.

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

Date Signed 03/11/2013 (month, day, year)

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

Form 700 Expanded Statement
2012/2013

DARYL HOFMEYER

City of Paramount ❖ 16400 Colorado Avenue ❖ Paramount, CA 90723 ❖ (562) 220-2223

Agency	Position	Type of Statement
<p>California Joint Powers Insurance Authority</p> <p><u>Jurisdiction:</u> Multi-County: Imperial, Inyo, Los Angeles, Marin, Mono, Monterey, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Santa Clara, Ventura</p>	<p>Executive Committee Member</p>	<p><u>Assuming Office</u> Date Assumed: February 27, 2013</p>
<p>Orangeline Development Authority</p> <p><u>Jurisdiction:</u> County of Los Angeles</p>	<p>Director</p>	<p><u>Annual Statement</u> The period covered is January 1, 2012 through December 31, 2012</p>
<p>Successor Agency for the Paramount Redevelopment Agency</p> <p><u>Jurisdiction:</u> City of Paramount</p>	<p>Councilmember</p>	<p><u>Annual Statement</u> The period covered is June 6, 2012 through December 31, 2012</p>

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 DARYL HOFMEYER

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME ROMBERG MILL	NAME OF SOURCE OF INCOME PARAMOUNT CUBING CO., INC.
ADDRESS (Business Address Acceptable) 16433 ILLINOIS, PARAMOUNT, CA 90723	ADDRESS (Business Address Acceptable) 16420 MINNESOTA, PARAMOUNT, CA 90723
BUSINESS ACTIVITY, IF ANY, OF SOURCE MFG. ALFALFA PRODUCTS	BUSINESS ACTIVITY, IF ANY, OF SOURCE MFG. ALFALFA PRODUCTS
YOUR BUSINESS POSITION PRESIDENT	YOUR BUSINESS POSITION LANDLORD
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <i>(Describe)</i>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input checked="" type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <i>(Describe)</i>

▶ 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	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	_____
<input type="checkbox"/> \$500 - \$1,000	_____	Street address
<input type="checkbox"/> \$1,001 - \$10,000		_____
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	City
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	_____
		(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

Name
DARYL HOFMEYER

▶ NAME OF SOURCE *(Not an Acronym)*
WILLDAN ASSOCIATES

ADDRESS *(Business Address Acceptable)*
13191 Crossroad Pkwy., #405, Industry, CA 91746

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENGINEERING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 12	\$ 190.00	GOLF & DIINNER
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____