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City of Riverside
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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
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RECEIVED
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
2013 FEB -6 PM 3:25

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Melendrez, Jr. Andrew Soria

1. Office, Agency, or Court

Agency Name
City of Riverside
Division, Board, Department, District, if applicable
Your Position
Member

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

Agency: Successor Agency to Redevelopment Agency Position: Member

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

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

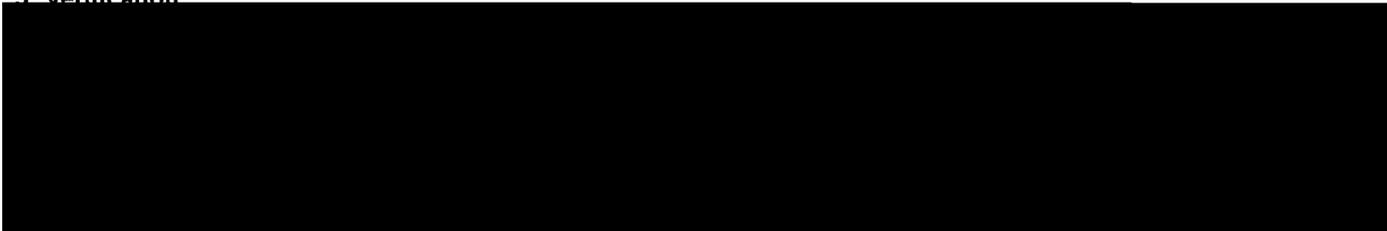
3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is ____/____/____, through December 31, 2012.
 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.
 Assuming Office: Date assumed ____/____/____
 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



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

Date Signed 1-27-13
(month, day, year)



3)
v
v

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name _____

▶ NAME OF BUSINESS ENTITY
Innovative Rehab

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Vocational Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other Owner
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
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IF APPLICABLE, LIST DATE:
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Comments: _____

