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PRACTICES COMMISSION  
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SR

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED  
Date Received  
MAR 07 2013  
CITY OF WINTERS

Please type or print in ink.

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

AGUIAR-CURRY CECILIA MARIE

1. Office, Agency, or Court

Agency Name

CITY OF WINTERS

MAYOR

Division, Board, Department, District, if applicable

Your Position

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

Agency: COMMUNITY DEVELOPMENT AGENCY

Position: CHAIR

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of CITY OF WINTERS

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 (Check one)

-or-

The period covered is through December 31, 2012.

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: 5

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - 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

Date Signed x 3/7/13 (month, day, year)

2012 Form 700  
Attachments  
Cover Page

Aguiar-Curry, Cecilia

**Agency**

Yolo County Housing Commission  
New Hope Community Development Corporation  
Ten Year Plan for Homelessness  
Sacramento Council of Governments ✓  
Capitol Valley Regional SAFE ✓  
Water Resource Association of Yolo County  
Yolo County Local Agency Formation Commission  
League of CA Cities

**Position**

Vice-Chairman  
Chairman  
Board Member  
Board Member  
Board Member  
Treasurer  
Alternate Board Member  
Board Member







**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
AGUIAR-CURRY, CECILIA

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
LEAGUE OF CALIFORNIA CITIES

ADDRESS (Business Address Acceptable)  
1400 K STREET

CITY AND STATE  
SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
ADVOCACY FOR CITIES & THEIR RESIDENTS

DATE(S): 01/01/12 - 12/31/12 AMT: \$ 2076.12  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

TRAVEL, MEALS & LODGING FOR VOLUNTEER SERVICES AS A MEMBER OF THE LEAGUE BOARD OF DIRECTORS

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

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