

STATEMENT OF ECONOMIC INTERESTS



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Please type or print in ink.

NAME OF FILER (LAST) Cervantes (MIDDLE) Karina 2013 FEB 29 PM 12:36

1. Office, Agency, or Court

Agency Name  
City of Watsonville  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Council Member District 2

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

Agency: Successor Agency of Former Red Agency Position: Member  
Successor Housing Agency of Former Redevelopment Agency Member

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of WATSONVILLE  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2011, through December 31, 2011.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.  
 Assuming Office: Date assumed 12/11/12  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2011, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Candidate: Election Year \_\_\_\_\_ 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 (d)(5) [Redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/13  
(month, day, year)

(d)(5) [Redacted Signature]

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Karina Cervantez
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**▶ 1 INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Community Information Center & Migrant Assistance

ADDRESS (Business Address Acceptable)  
 95 Alta Vista St., Watsonville, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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YOUR BUSINESS POSITION  
 Community Outreach

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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)

**▶ 1 INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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YOUR BUSINESS POSITION

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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)

**▶ 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\*

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF LENDER

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HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %     None    \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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

**SCHEDULE D  
 Income – Gifts**

Name  
 Karina Cervantez

▶ NAME OF SOURCE  
 Bill Monning & Dan Kent

ADDRESS (Business Address Acceptable)  
 24731 Crest View Circle, Carmel CA 93923

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 12	\$ 75.00	Cont. to honeymoon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 George Couch

ADDRESS (Business Address Acceptable)  
 104 Lee Rd., Watsonville CA 95077

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 11 / 12	\$ 100.00	Cont. to Honeymoon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 Todd & Yolanda McFarren

ADDRESS (Business Address Acceptable)  
 119 E. Beach St., Watsonville CA 95076

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 12	\$ 112.50	Cont. to honeymoon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 Irma Villareal

ADDRESS (Business Address Acceptable)  
 7237 S. 40th Lane, Phoenix AZ 85041

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 24 / 12	\$ 50.00	Cont. to Wedding
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 Les & Nancy Gardner

ADDRESS (Business Address Acceptable)  
 8266 W. Zayante Rd., Felton CA 95018

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 04 / 12	\$ 70.00	Cont. to honeymoon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 Mrinal Sinha

ADDRESS (Business Address Acceptable)  
 6177 Corte Camula, San Jose CA 95120

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 12	\$ _____	Bridal Shower Cont.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Cont. = Contribution  
 Comments: \_\_\_\_\_

**SCHEDULE D  
 Income – Gifts**

Name  
 Karina Cervantez

▶ NAME OF SOURCE  
 Angela Irvine

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ADDRESS (Business Address Acceptable)  
 1251 Telegraph Ave., #504 Oakland CA 94612

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 1 / 12	\$ 75.00	Bridal Shower Cont.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
 Maria Cristina Negrete

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ADDRESS (Business Address Acceptable)  
 640 E. 5th St., Watsonville CA 95076

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 12	\$ 50.00	Bridal Shower Cont.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

---

ADDRESS (Business Address Acceptable)

---

BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

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

▶ NAME OF SOURCE

---

ADDRESS (Business Address Acceptable)

---

BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

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

▶ NAME OF SOURCE

---

ADDRESS (Business Address Acceptable)

---

BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

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

▶ NAME OF SOURCE

---

ADDRESS (Business Address Acceptable)

---

BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

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

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

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

Name  
Karina Cervantez

- 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. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE  
NALEO Educational Fund

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ADDRESS (Business Address Acceptable)  
1122 W. Washington Blvd.,

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CITY AND STATE  
Los Angeles CA 90015

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

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DATE(S): 11 / 15 / 12 - 11 / 18 / 12 AMT: \$ 2,157.71  
*(if gift)*

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TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated In a Panel

Other - Provide Description  
Airfare travel, lodging, and meals to attend 9th  
Biennial National Institute for Newly Elected Officials  
In Washington DC

▶ NAME OF SOURCE

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ADDRESS (Business Address Acceptable)

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CITY AND STATE

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

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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

---

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

---

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: \_\_\_\_\_