



STATEMENT OF ECONOMIC INTERESTS

Date Received FEB 27 2013
Official Use Only

FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

2013 APR -2 PM 3:41

City of
Santa Fe Springs

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ROUNDS WILLIAM K

1. Office, Agency, or Court

Agency Name
CITY OF SANTA FE SPRINGS
Division, Board, Department, District, if applicable
CITY COUNCIL
Your Position
COUNCILMEMBER

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

Agency: HOUSING SUCCESSOR and SUCCESSION AGENCY MEMBER
Position: DIRECTOR

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

- State
- Multi-County
- City of SANTA FE SPRINGS
- 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.
- Leaving Office: Date Left
- 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: 3
- 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



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/26/13
(month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
WILLIAM K ROUNDS

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
APPLEONE

ADDRESS (Business Address Acceptable)
888 So. FIGUEROA ST. SUITE 170

BUSINESS ACTIVITY, IF ANY, OF SOURCE
L.A.

EMPLOYMENT AGENCY

YOUR BUSINESS POSITION
BRANCH MANAGER

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

YOUR BUSINESS POSITION

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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

**SCHEDULE D
Income - Gifts**

Name
WILLIAM K ROUNDS

▶ NAME OF SOURCE (Not an Acronym)
S.F.S. FIREMAN'S ASSOCIATION

ADDRESS (Business Address Acceptable)
11300 GREENSTONE AVE SFS 90670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
FIRE / RESCUE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|---|
| <u>03/05/12</u> | <u>\$ 125.00</u> | <u>SKILLS FOUNDATION GOLF FUNDRAISER</u> |
| <u>07/02/12</u> | <u>\$ 150.00</u> | <u>WPOA - COPS HELPING KIDS GOLF FUNDRAISER</u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |

▶ NAME OF SOURCE (Not an Acronym)
SERV-WELL DISPOSAL

ADDRESS (Business Address Acceptable)
901 S. MAPLE AVE MONTEBELLO 90640

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRASH HAULER

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|--|
| <u>06/01/12</u> | <u>\$ 150.00</u> | <u>LUPE CONTRERAS MEMORIAL SCHOLARSHIP FUNDRAISER - GOLF</u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |
| <u>08/13/12</u> | <u>\$ 150.00</u> | <u>RANCHO LOS AMIGOS FOUNDATION FUNDRAISER - GOLF</u> |

▶ NAME OF SOURCE (Not an Acronym)
STEVE SKOLNIK

ADDRESS (Business Address Acceptable)
11710 TELEGRAPH RD SFS 90670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CITY ATTORNEY

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|--|
| <u>04/16/12</u> | <u>\$ 170.00</u> | <u>SFS CHAMBER ANNUAL GOLF CLASSIC</u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |

▶ NAME OF SOURCE (Not an Acronym)
REPUBLIC SERVICES

ADDRESS (Business Address Acceptable)
12949 TELEGRAPH RD SFS 90670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRASH HAULER

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|--|
| <u>08/06/12</u> | <u>\$ 175.00</u> | <u>CERRITOS COLLEGE FOUNDATION FUNDRAISER - GOLF</u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |

▶ NAME OF SOURCE (Not an Acronym)
CITY of SANTA FE SPRINGS

ADDRESS (Business Address Acceptable)
11710 TELEGRAPH RD SFS 90670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CITY GOVERNMENT

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|--|
| <u>04/24/12</u> | <u>\$ 135.00</u> | <u>WAPADH - "KIDS WITH DISABILITIES" FUNDRAISER - GOLF</u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |

▶ 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) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> / / </u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |
| <u> / / </u> | <u>\$</u> | <u> / / </u> |

Comments: _____