



STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION BY

COVER PAGE  
AMENDMENT

2013 FEB 11 PM 1:09 2013 FEB -6 PM 3:44

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name  
Kern County Board of Supervisors  
Division, Board, Department, District, if applicable  
District 5  
Your Position  
Supervisor

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

Agency: See attached Position:

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of Kern
- City of \_\_\_\_\_  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 1 / 7 / 2013
- 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

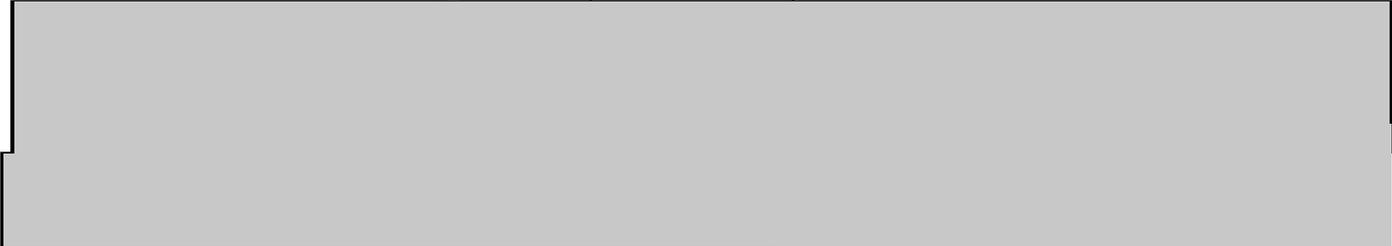
Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- 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



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

Date Signed 02.06.13  
(month, day, year)

Signature

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name  
Kern County Board of Supervisors  
Division, Board, Department, District, if applicable  
District 5  
Your Position  
Supervisor

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

Agency: See attached Position:

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of Kern
- City 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 (Check one)
- Assuming Office: Date assumed 12 / 12 / 2012
- Candidates: 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
- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is (d)(5)

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2.5.13 (month, day, year) Signature

(d)(5)

**LETICIA PEREZ**  
**Fifth District Supervisor**  
**Kern County Board of Supervisors**

**2013 Expanded Statement**

<b>Kern Sanitation Authority – Board Member</b>
<b>Ford City-Taft Heights Sanitation District – Board Member</b>
<b>Industrial Development Authority – Board Member</b>
<b>Children and Families Commission – Board Member</b>
<b>Kern Council of Governments – Alternate Member</b>
<b>Kern Economic Development Corporation – Alternate Member</b>
<b>Kern Public Services Financing Authority – Board Member</b>
<b>Workforce Investment Board – Youth Council – Board Member</b>

**SCHEDULE D  
 Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
George Martin  
 ADDRESS (Business Address Acceptable)  
5020 California Ave # 700, Bakersfield CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 13, 12</u>	<u>\$ 50</u>	<u>Flower Arrangement</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Harvey Hall  
 ADDRESS (Business Address Acceptable)  
1001 21st Street, Bakersfield CA 93311  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business owner - Hall Ambulance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 12, 12</u>	<u>\$ 100</u>	<u>Plant</u>
<u>1, 11, 13</u>	<u>\$ 100</u>	<u>Plant</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: \_\_\_\_\_



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
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Please type or print in ink.

2013 FEB 11 PM 1:09

2013 FEB 6 10:29

NAME OF FILER (LAST) Perez (FIRST) Leticia

1. Office, Agency, or Court

Agency Name  
Kern County Board of Supervisors  
Division, Board, Department, District, if applicable  
District 5  
Your Position  
Supervisor

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

Agency: See attached Position:

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Kern
- 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)
- Assuming Office: Date assumed 12 / 12 / 2012
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(d)(5)				

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 2-5-13 Signature \_\_\_\_\_  
(month, day, year)

(d)(5)

**LETICIA PEREZ**  
**Fifth District Supervisor**  
**Kern County Board of Supervisors**

**2013 Expanded Statement**

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<b>Children and Families Commission – Board Member</b>
<b>Kern Council of Governments – Alternate Member</b>
<b>Kern Economic Development Corporation – Alternate Member</b>
<b>Kern Public Services Financing Authority – Board Member</b>
<b>Workforce Investment Board – Youth Council – Board Member</b>

**SCHEDULE D**  
**Income - Gifts**

Name \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
George Martin

ADDRESS (Business Address Acceptable)  
5000 California Ave. # 700, Bakersfield CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 13, 12</u>	<u>50</u>	<u>Flower Arrangement</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Harvey Hall

ADDRESS (Business Address Acceptable)  
1001 21st Street, Bakersfield CA 93301

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business owner - Hall Ambulance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 12, 12</u>	<u>100</u>	<u>Plant</u>
<u>1, 11, 13</u>	<u>100</u>	<u>Plant</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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