CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

AC

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 12 MAR 16 AM 8:08

Date Received
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RECEIVED 12 MAR -8 AM 10:2 REGISTRAR OF VOTE COUNTY OF RIVERSIDE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name: State assembly
Division, Board, Department, District, if applicable: 67
Your Position: assemblywoman

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

Agency: City Council Lake Elsinore Position: councilmember

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

☑ State
☐ Multi-County
☐ City of
☐ Judge or Court Commissioner (State Office of the Secretary of State)
☐ County of
☐ Other

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MAR 12 2012

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 ___/___/___

☐ 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 2012 Office sought, if different than Part 1: assembly

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

Date Signed mar 8, 2012 *(month, day, year)* Signatur

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FAIR POLITICAL PRACTICES COMMISSION
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STATEMENT OF ECONOMIC INTERESTS
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Date Received
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12 MAR -8 AM 10:20
REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
State assembly
Division, Board, Department, District, if applicable
67

assemblywoman
Your Position

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

Agency: City Council Lake Elsinore Position: council member

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] 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, 2011, through December 31, 2011.
  -or-
  The period covered is ___/___/_____, through December 31, 2011.
- [ ] Assuming Office: Date assumed ___/___/_____
- [ ] 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.
- [x] Candidate: Election Year 2012 Office sought, if different than Part 1: assembly

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
- [x] Schedule B - *Real Property* – schedule attached
- [x] 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

(d)(5) [redacted]

herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed mar 8, 2012 *(month, day, year)*

Signature (d)(5) [redacted]

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12 MAR 16 AM 8:01

City of Lake Elsinore Public Financing Authority	310 N. Main Street Lake Elsinore, CA 92530 Contact: 951-674-3124
Riverside County Habitat Conservation Agency	Attn: Karlene Hernandez 4080 Lemon Street, 12th Fl Riverside, CA 92501 Contact: 951-955-6097
Riverside Transit Agency	Attn: Maricela Hernandez 1825 3rd Street Riverside, CA 92507 Contact: 951-565-5044
Riverside County Transportation Commission	Attn: Jennifer Harmon County Regional Complex P. O. Box 12008 Riverside, CA 92502 Contact: 951-787-7960
Western Riverside Council of Governments	Attn: Janice Leonard 4080 Lemon Street, 3rd Fl MS1032 Riverside, CA 92501 Contact: 951-955-7985
Western Riverside County Regional Conservation Authority	Attn: Naty Kopenhaber 3403 10th Street, Suite 320 Riverside, CA 92501
Northwest Mosquito and Vector Control District	Attn: Major S. Dhillon, Dist. Mgr 1966 Compton Avenue Corona, CA 92881 Contact: 951-340-9792
Lake Elsinore/San Jacinto Watershed Authority	Attn: Donna Munson P.O. Box 7729 Riverside, CA 92513 Contact: 951-354-4220

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SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► STREET ADDRESS OR PRECISE LOCATION
8 Bella Caserta

CITY
Lake Elsinore, CA

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

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INTEREST
- ☑ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☑ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000
- ☐ Guarantor, if applicable

► STREET ADDRESS OR PRECISE LOCATION

CITY

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

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

FILED
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of the State of California
MAR 12 2012

Comments:

Verification

Print Name Melissa Melendez

Office, Agency or Court City Council/RDA

Statement Type ☑ 2010/2011 Annual ☐ Assuming ☐ Leaving ☐ ___ (yr) Annual ☐ Candidate

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

Date Signed June 16, 2011

Signature (d)(5)

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12 MAR 8 PM 3:01

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Rental

ADDRESS *(Business Address Acceptable)*: 8 Bella Caserta

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Landlord

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 _____ *(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:

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MAR 12 2012

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 _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

Comments:

2. LOAN RECEIVED

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)*

Verification

Print Name Melissa Melender **Office, Agency or Court** City Council / RDA

Statement Type ☑ 2010/2011 Annual ☐ ____ *(yr)* Annual ☐ Assuming ☐ Leaving ☐ Candidate

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

Date Signed 6-16-11 *(month, day, year)* **Signature** (d)(5)