

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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CITY OF SOUTH EL MONTE  
CITY CLERK'S OFFICE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Aguinaga Luis A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of South El Monte

Division, Board, Department, District, if applicable

Parking Authority /Financing Authority

Your Position

Commissioner/Commissioner

MAYOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: (

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of South El Monte

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

The period covered is January 1, 2013, 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

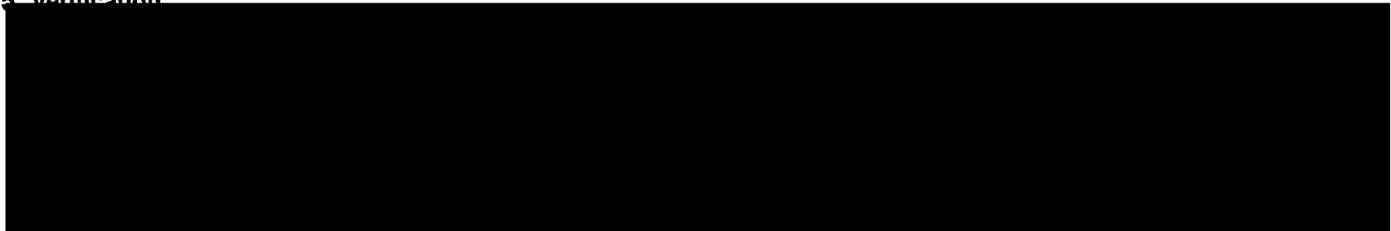
Schedule B - Real Property - schedule attached

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 of C

Date Signed 03/26/2014  
(month, day, year)





**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Luis Aguinaga</u>

▶ NAME OF SOURCE  
Athens Services

ADDRESS (Business Address Acceptable)  
14048 E. Valley Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Solid Waste Co.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 22 / 13</u>	<u>\$ 25.00</u>	<u>Turkey</u>
<u>12 / 20 / 13</u>	<u>\$ 75.00</u>	<u>Ham</u>
<u>05 / 20 / 13</u>	<u>\$ 100.00</u>	<u>Dinner</u>

▶ NAME OF SOURCE  
Arroyo Strategy Group

ADDRESS (Business Address Acceptable)  
10854 Central Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Grant Writing/ Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 24 / 13</u>	<u>\$ 50.00</u>	<u>Gift Basket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Richards, Watson & Gershon

ADDRESS (Business Address Acceptable)  
355 S. Grand Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / / 13</u>	<u>\$ 56.37</u>	<u>Dinners-May</u>
<u>4 / 23 / 13</u>	<u>\$ 18.31</u>	<u>Dinner</u>
<u>11 / / 13</u>	<u>\$ 21.06</u>	<u>Dinners-November</u>

▶ NAME OF SOURCE  
Richards, Watson & Gershon

ADDRESS (Business Address Acceptable)  
355 S. Grand Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 24 / 13</u>	<u>\$ 54.90</u>	<u>Gift Basket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Anthony R. Ybarra

ADDRESS (Business Address Acceptable)  
1415 Santa Anita Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Manager

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 24 / 13</u>	<u>\$ 50.00</u>	<u>Gift Basket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

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: \_\_\_\_\_

**2013 EXPANDED  
STATEMENT OF ECONOMIC INTEREST  
FORM 700**

PARKING AUTHORITY/FINANCING AUTHORITY CITY OF SOUTH EL MONTE	COMMISSIONER
SUCCESSOR AGENCY TO THE SOUTH EL MONTE IMPROVEMENT DISTRICT	BOARD MEMBER
CALIFORNIA JOINT POWERS INSURANCE	DELEGATE
SAN GABRIEL BASIN WATER QUALITY AUTHORITY	BOARD MEMBER
SAN GABRIEL VALLEY COUNCIL OF GOVERNMENTS	BOARD OF DIRECTOR/ALTERNATE
SANITATION DISTRICT NO. 15 OF LOS ANGELES COUNTY	DIRECTOR
SOUTHEAST AREA ANIMAL CONTROL AUTHORITY	COMMISSIONER
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS	BOARD MEMBER/ALTERNATE



3-26-14

DATE