

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

MAR 31 2014

CITY CLERKS OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Barrera Tony Romero

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Salinas

Division, Board, Department, District, if applicable

Your Position

District #2

City Council Member

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

Agency: MST-RTA SVSWA

Position: BOARD MEMBER

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
14 APR - 7 AM 9:20

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

- State
- Multi-County _____
- City of Salinas

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of MONTEREY
- Other _____

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

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

-or-

The period covered is ____/____/____, through December 31, 2013.

Leaving Office: Date Left ____/____/____ (Check one)

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: 2

- 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. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 03/26/2013
(month, day, year)

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
California Rodeo Association

ADDRESS *(Business Address Acceptable)*
1034 N. Main St. Salinas, CA 93906

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 13	\$ 400.00	Guest Tent Tickets
07 / 18 / 13	\$ 20.00	Parking Tickets

▶ 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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▶ 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: _____