

1/1/2015

STATEMENT OF ECONOMIC INTERESTS

Date Received
CITY OF MAYWOOD

COVER PAGE



APR 07 2014

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
VILLARREAL, RICARDO A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF MAYWOOD

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

MEMBER

► 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
- Multi-County _____
- City of MAYWOOD
- 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, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed 12.09.2013
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is _____ through the date of leaving office.
- 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

-or-

None - No reportable interests on any schedule

5. Verification

(c)(1)

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 th

Date Signed 4-1-14
(month, day, year)

Signature

(c)(1)

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CITY OF MAYWOOD

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
VILLALBA

NAME OF BUSINESS ENTITY
NIAT AUTO DETAIL
 GENERAL DESCRIPTION OF THIS BUSINESS
SUPPLY, INC
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

 GENERAL DESCRIPTION OF THIS BUSINESS

 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
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 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
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 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

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 GENERAL DESCRIPTION OF THIS BUSINESS

 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

Comments:

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CITY OF MAYWOOD

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name VILLARREAL

1. BUSINESS ENTITY OR TRUST Name: HEAT AUTO DETAIL & SUPPLY, INC. Address: ... Check one: [X] Business Entity, complete the box, then go to 2. GENERAL DESCRIPTION OF THIS BUSINESS: FAIR MARKET VALUE: [X] Over \$1,000,000. NATURE OF INVESTMENT: [X] Corp. YOUR BUSINESS POSITION: OWNER

1. BUSINESS ENTITY OR TRUST Name: Address: Check one: [] Trust, go to 2 [] Business Entity, complete the box, then go to 2. GENERAL DESCRIPTION OF THIS BUSINESS: FAIR MARKET VALUE: IF APPLICABLE, LIST DATE: NATURE OF INVESTMENT: YOUR BUSINESS POSITION:

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) [X] OVER \$100,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) [] \$0 - \$499 [] \$500 - \$1,000 [] \$1,001 - \$10,000 [] \$10,001 - \$100,000 [] OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) [X] None HEAT AUTO DETAIL & SUPPLY, INC.

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary) [] None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: [] INVESTMENT [X] REAL PROPERTY Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property: RICARDO VILLARREAL

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: [] INVESTMENT [] REAL PROPERTY Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property:

Description of Business Activity of City or Other Precise Location of Real Property: FAIR MARKET VALUE: [X] Over \$1,000,000. NATURE OF INTEREST: [X] Property Ownership/Deed of Trust [] Stock [] Partnership [] Leasehold [] Other

Description of Business Activity of City or Other Precise Location of Real Property: FAIR MARKET VALUE: IF APPLICABLE, LIST DATE: NATURE OF INTEREST: [] Property Ownership/Deed of Trust [] Stock [] Partnership [] Leasehold [] Other

Comments:

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SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
VILLARREAL

CITY OF MAYWOOD

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4950 E. SLAUSON AVE

CITY
MAYWOOD, CALIF

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

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/13 DISPOSED 1/13

NATURE OF INTEREST
 Ownership/Deed of Trust
 Leasehold
 Easement
 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.
 None
EXPRESS FIRST
LEASE

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

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:
 ACQUIRED 1/13 DISPOSED 1/13

NATURE OF INTEREST
 Ownership/Deed of Trust
 Leasehold
 Easement
 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.
 None

* 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

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

Comments:

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CITY OF MAYWOOD

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: VILLARREAL

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: DETAIL+
NEAT AUTO SERVICE, INC
ADDRESS:
BUSINESS ACTIVITY, IF ANY, OF SOURCE: AUTO DETAILING
YOUR BUSINESS POSITION: OWNER
GROSS INCOME RECEIVED: OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: Other - CEO

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME:
ADDRESS:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
YOUR BUSINESS POSITION:
GROSS INCOME RECEIVED:
CONSIDERATION FOR WHICH INCOME WAS RECEIVED:

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: WELLS-FARGO
ADDRESS:
BUSINESS ACTIVITY, IF ANY, OF LENDER: MORTGAGE
HIGHEST BALANCE DURING REPORTING PERIOD: OVER \$100,000

INTEREST RATE: 10.925%
TERM (Months/Years): 25 YEARS
SECURITY FOR LOAN: Real Property
4950 E. SLAVSON, MAYWOOD

Comments:

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CITY OF MAYWOOD

SCHEDULE D
Income - Gifts

CALIFORNIA FORM **700**
 FAIR POLITICAL PRACTICES COMMISSION
 Name
VILLALBA

▶ NAME OF SOURCE (Not an Acronym)
NBAAT Assoc Detroit Super
 ADDRESS (Business Address Acceptable)
Assoc DETAILLAGE
 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) |
|-----------------|-------|------------------------|
| | | |
| | | |
| | | |

▶ 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:

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CITY OF MAYWOOD

SCHEDULE E
Income - Gifts

Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
VILLARREAL

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
LALEDO VOCATIONAL FUND

ADDRESS (Business Address Acceptable)
1122 W WASHINGTON BLVD

CITY AND STATE
LOS ANGELES - CALIF

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
NON-PROFIT: "LATINOS IN POWER"

DATE(S): 11/20/13, 11/29/13 AMT: \$ 3200
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description TRAVEL, LODGING
POWELL INSTITUTION
EMERGENCY REIMBURSEMENTS

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Circle the Day

Please type or print in ink.

Name of Filer (Last) (First) (Middle)
VILLARREAL RICARDO

1. Office, Agency, or Court

Agency Name

CITY OF MAYWOOD

Division, Board, Department, District, if applicable

Your Position

COUNCIL MEMBER

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

Agency:

Position:

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

- State
- Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County
- County of _____
- City of _____
- Other _____

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- The period covered is _____ through December 31, 2012.
- Leaving Office: Date assumed _____
- Leaving Office: Date left _____ (check one)
 - The period covered is January 1, 2012, through the date of leaving office.
 - 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: _____

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
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- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Expenses - schedule attached

None - No reportable interests on any schedule

5. Verification

(c)(1)

Date Signed 12-16-13

(print signature)

Signature