

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

TN

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
VO MICHAEL DUCMINA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF FOUNTAIN VALLEY

MAYOR

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL

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

Agency: SEE ATTACHMENT

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of FOUNTAIN VALLEY

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: _____

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 California that the foregoing is true and correct.

Date Signed 03/31/2014

(month, day, year)

ADDENDUM TO FILING MULTIPLE POSITIONS:

**Fountain Valley Housing Authority
Successor Agency to the Fountain Agency for Community Development**

**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
MICHAEL D VO

▶ NAME OF BUSINESS ENTITY
E-TRADE

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** **03** / **26** / **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)
 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
FIDELITY INVESTMENT

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

▶ 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)
 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
INTER ACTIVE BROKER

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

▶ 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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **13** _____ / _____ / **13**
 ACQUIRED DISPOSED

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
MICHAEL D VO

1. BUSINESS ENTITY OR TRUST
GOLDEN LIEN SALES & AUTO REGISTRATION
Name
9315 BOLSA AVE # 100 WESTMINSTER CA 92683
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
AUTO REGISTRATION

| | |
|--|--|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$0 - \$1,999 | ____/____/13 ____/____/13 |
| <input checked="" type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION OWNER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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 REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

| | |
|--|--|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/13 ____/____/13 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

1. BUSINESS ENTITY OR TRUST
AIG FINANCIAL NETWORK
Name
9315 BOLSA AVE #100 WESTMINSTER CA 92683
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL SERVICES

| | |
|---|--|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$0 - \$1,999 | ____/____/13 ____/____/13 |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED DISPOSED |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION FINANCIAL REPRESENTATIVE

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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 REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

| | |
|--|--|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/13 ____/____/13 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
MICHAEL D VO

| 1. INCOME RECEIVED | 1. INCOME RECEIVED |
|--|--|
| NAME OF SOURCE OF INCOME LITTLE SAIGON TRAFFIC SCHOOL | NAME OF SOURCE OF INCOME |
| ADDRESS (Business Address Acceptable) 9315 BOLSA AVE #100 WESTMINSTER CA 92683 | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE DRIVER SAFETY EDUCATION | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| YOUR BUSINESS POSITION OWNER | YOUR BUSINESS POSITION |
| GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more |
| <input checked="" type="checkbox"/> Other SCHOOL / CLASSROOM <small>(Describe)</small> | <input type="checkbox"/> Other _____ <small>(Describe)</small> |

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* | INTEREST RATE | TERM (Months/Years) |
| ADDRESS (Business Address Acceptable) | _____ % <input type="checkbox"/> None | _____ |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN | |
| HIGHEST BALANCE DURING REPORTING PERIOD | <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> Real Property _____ | <small>Street address</small> |
| <input type="checkbox"/> \$1,001 - \$10,000 | _____ | <small>City</small> |
| <input type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> Guarantor _____ | |
| <input type="checkbox"/> OVER \$100,000 | <input type="checkbox"/> Other _____ | <small>(Describe)</small> |

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
MICHAEL D VO

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COAST MEMORIAL HOSPITAL

ADDRESS (Business Address Acceptable)
9920 TALBER AVE FOUNTAIN VALLEY CA 92708

BUSINESS ACTIVITY, IF ANY, OF SOURCE
GALA DINNER

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-------------------|------------------|------------------------|
| <u>09, 28, 13</u> | <u>\$ 325.00</u> | <u>2 GALA TICKETS</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |

▶ NAME OF SOURCE (Not an Acronym)
FOUNTAIN VALLEY CHAMBER OF COMMERCE

ADDRESS (Business Address Acceptable)
10055 SLATEER AVE 250, FV CA 92708

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MAYOR BALL EVENT

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-------------------|-----------------|------------------------|
| <u>10, 27, 13</u> | <u>\$ 75.00</u> | <u>2 BALL TICKETS</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</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) |
|-----------------|-----------------|------------------------|
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</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) |
|-----------------|-----------------|------------------------|
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</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) |
|-----------------|-----------------|------------------------|
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</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) |
|-----------------|-----------------|------------------------|
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |
| <u> / / </u> | <u>\$ _____</u> | <u>_____</u> |

Comments: _____