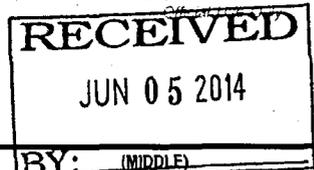


So CA Assoc. of Govt



STATEMENT OF ECONOMIC INTERESTS

Date Received



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) ZAMORA SARAH S

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF COLTON
Division, Board, Department, District, if applicable CITYWIDE
Your Position MAYOR

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: SEE ATTACHED Position: SEE ATTACHED

RECEIVED FAIR POLITICAL PRACTICES COMMISSION JUN 13 PM 2:01

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

- State, Multi-County, City of COLTON, Judge or Court Commissioner, County of SAN BERNARDINO, Other SEE ATTACHED

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
Assuming Office: Date assumed
Candidate: Election year
Leaving Office: Date Left
The period covered is January 1, 2013, through the date of leaving office.

4. Schedule Summary

- 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
None - No reportable interests on any schedule

5. Ver... MAIL (Bus 65 DAY (9 I ha herein and in any attached schedules is true and complete. I acknowledged. I certify under penalty of perjury under the laws of the State of Calif Date Signed March 20, 2014 (month, day, year)

**SCHEDULE D
 Income - Gifts**

Name
SARAH H. ZAMORA

▶ NAME OF SOURCE (Not an Acronym)
UNION PACIFIC RAILROAD/13181 Crossroads

ADDRESS (Business Address Acceptable)
Pkwy N Ste 500/City of Industry, CA 91746

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SANBAG General Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 20 / 13	\$ 150.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
UNION PACIFIC RAILROAD/13181 Crossroads

ADDRESS (Business Address Acceptable)
Pkwy N Ste 500/City of Industry CA 91746

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Congrswmn Gloria Negrete-McLeod Re-Elect Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 22 / 13	\$ 100.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

CALIFORNIA FORM 700
Fair Political Practices Commission

SARAH S. ZAMORA

Continuation Expanded Statement – List agency/position:

Agency: Colton Public Financing Authority

Position: Board Member

Agency: Colton Utility Authority

Position: Board Member

Agency: Successor Agency to the Redevelopment Agency

Position: Board Member

Agency: Colton Housing Authority

Position: Board Member

Agency: Independent Cities Risk Management Authority (ICRMA)

Position: Board Member

Agency: SBIAA (San Bernardino International Airport)

Position: Alternate Board Member

Agency: Southern California Association of Governments (SCAG)

Position: Alternate Board Member