

ANN 013

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CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

City Clerk  
City of Artesia

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Canales Miguel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Artesia City Council

Division, Board, Department, District, if applicable Your Position  
Councilmember

► 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 Artesia  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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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.
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

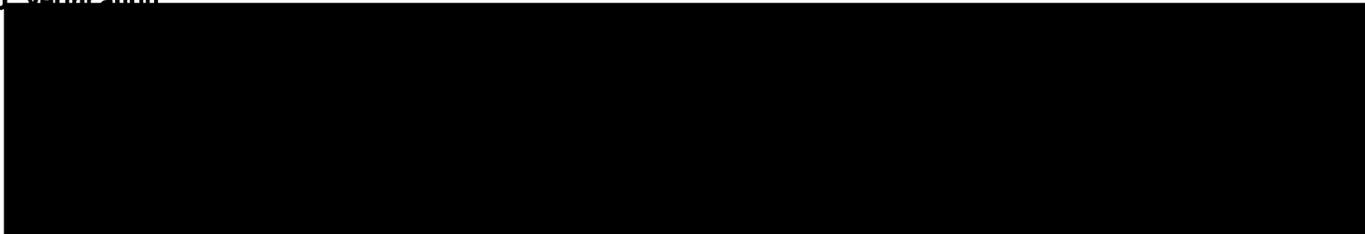
► Total number of pages including this cover page: \_\_\_\_\_

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- 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



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

**SCHEDULE D  
Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
National Association of Latino Elected Officials

ADDRESS (Business Address Acceptable) Los Angeles, CA  
1122 W. Washington Blvd. 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educational Seminar

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/23/13</u>	<u>\$793</u>	<u>Food <del>and</del> Lodging</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Republic SERVICES

ADDRESS (Business Address Acceptable) Santa Fe Springs, CA  
12949 Telegraph Rd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/07/13</u>	<u>\$400 x 4</u>	<u>DODGER BASEBALL TICKETS</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Hispanic Elected Local Officials

ADDRESS (Business Address Acceptable) WASHINGTON  
1301 PENNSYLVANIA AVE, NW 20004 DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educational Seminar

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/17/2013</u>	<u>\$125</u>	<u>Food</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Water Education for Latino Leaders

ADDRESS (Business Address Acceptable) Los Angeles, CA  
930 Colorado Blvd 90041

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educational Seminar

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/21/13</u>	<u>\$125</u>	<u>Food</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Young Elected Official

ADDRESS (Business Address Acceptable) Tallahassee, FL  
1550 Melvin St 32301

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educational Seminar

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/24/13</u>	<u>\$950</u>	<u>Food/Lodging/Port</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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

- 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)  
NATIONAL ASSOCIATION OF Elected OFF.

ADDRESS (Business Address Acceptable) Los Angeles  
1122 W. WASHINGTON Blvd. CA 90005

CITY AND STATE \_\_\_\_\_

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

DATE(S): 8/2/13 - 8/25/13 AMT: \$ 325.80  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Round Trip Flight to Educational Seminar  
National Policy Institute of Population

▶ 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)  
Young Elected Officials

ADDRESS (Business Address Acceptable) Tallahassee, FL  
1550 Melvin St 32301

CITY AND STATE \_\_\_\_\_

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

DATE(S): 7/24/13 - 7/29/13 AMT: \$ 450  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Flight for  
Young Elected Officials  
National Convention

▶ 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: \_\_\_\_\_