

AN 013

Date Received
Official Use Only

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Filed Date: 04/01/2014 04:13 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cedillo Gilbert

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Council District 01

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: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 JUN - 9 PM 2:31

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

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

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

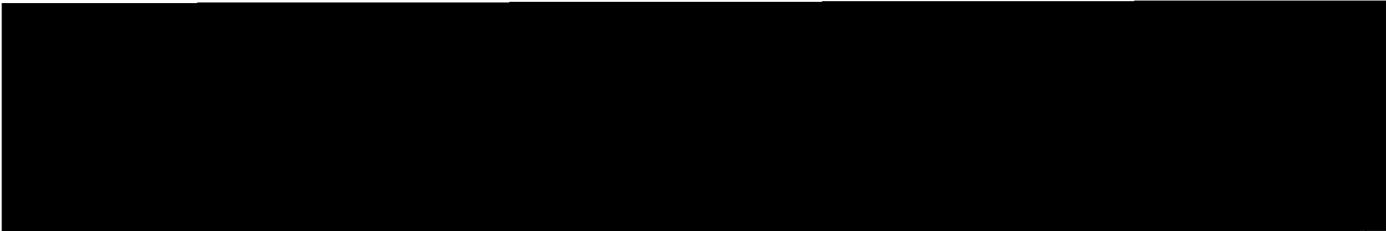
- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is 07 / 01 / 2013, through December 31, 2013.
- Assuming Office:** Date assumed _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2013, through the date of leaving 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: 3

- 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



I have used all reasonable diligence in preparing this statement. I certify 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 04/01/2014 04:13 PM
(month, day, year)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Gilbert Cedillo

<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p><u>AltaMed</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p><u>2040 Camfield Ave. Commerce 90040</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><u>East LA Meets Napa Event</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>07 / 19 / 13</u></td> <td><u>\$ 150.00</u></td> <td><u>Tickets (2)</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>07 / 19 / 13</u>	<u>\$ 150.00</u>	<u>Tickets (2)</u>	<u> / / </u>	<u>\$ _____</u>	<u>_____</u>	<u> / / </u>	<u>\$ _____</u>	<u>_____</u>	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p><u>McCourt Global</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p><u>9420 Wilshire Blvd. Beverly Hills, CA 90212</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>10 / 06 / 13</u></td> <td><u>\$ 150.00</u></td> <td><u>(2) Tickets</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>10 / 06 / 13</u>	<u>\$ 150.00</u>	<u>(2) Tickets</u>	<u> / / </u>	<u>\$ _____</u>	<u>_____</u>	<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
<u>07 / 19 / 13</u>	<u>\$ 150.00</u>	<u>Tickets (2)</u>																							
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>																							
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
<u>10 / 06 / 13</u>	<u>\$ 150.00</u>	<u>(2) Tickets</u>																							
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>																							
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>																							
<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> </tbody> </table>	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>	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> </tbody> </table>	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>
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>																							
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>																							
<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> </tbody> </table>	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>	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>_____</p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>_____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$ _____</u></td> <td><u>_____</u></td> </tr> </tbody> </table>	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>
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>																							
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: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Gilbert Cedillo

- 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)
The New American Leader Project

ADDRESS (Business Address Acceptable)
570 Lexington Ave 5th Floor

CITY AND STATE
New York, New York 10025

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

DATE(S): 11 / 14 / 13 - 11 / 16 / 13 AMT: \$ 993.02
(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 _____

▶ 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: _____