

STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST) Espinoza (FIRST) Rose (MIDDLE) Marie
2014 APR -4 PM 3:25

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Councilmember, City of La Habra
Division, Board, Department, District, if applicable City Council
Your Position Councilmember

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

Agency: See Attached Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of
- City of La Habra 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 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."

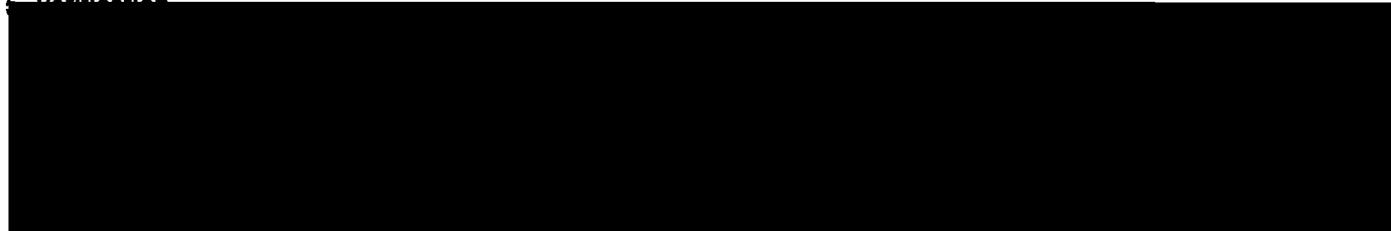
► Total number of pages including this cover page: 2

- 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

Date Signed 03/19/2013
(month, day, year)

FORM 700 – ATTACHMENT

FILER'S NAME: ROSE M. ESPINOZA, COUNCILMEMBER

FILING PERIOD: 1/1/13 – 12/31/13

I am filing an expanded statement as Director of the following agencies within the jurisdiction of the City of La Habra:

SUCCESSOR AGENCY TO THE LA HABRA REDEVELOPMENT AGENCY
LA HABRA CIVIC IMPROVEMENT AUTHORITY
LA HABRA HOUSING AUTHORITY
LA HABRA UTILITY AUTHORITY

I am filing an expanded statement as:

- Alternate of the Orange County Sanitation District
- Delegate of the Southern California Association of Governments ✓
- Delegate of the HOSEC Steering Committee.
- Board Member of the Orange County Council of Governments (OCCOG)