

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE (TN)



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FAIR POLITICAL
PRACTICES COMMISSION
2014 APR - 9 PM 2:47

Please type or print in ink.

NAME OF FILER (LAST) GALVAN (FIRST) ISAAC

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COMPTON CITY COUNCIL

Division, Board, Department, District, if applicable

DISTRICT 2

Your Position

COUNCILMAN

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
- Multi-County _____
- City of COMPTON
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- 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.

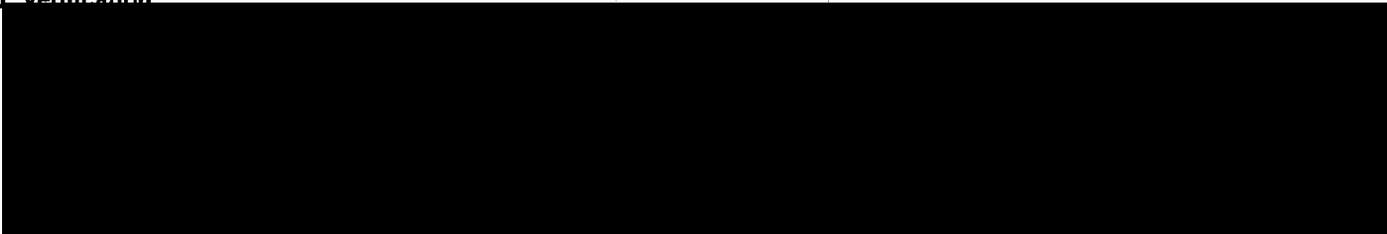
4. Schedule Summary

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 E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name ISAAC GALVAN

- 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)
NAELO EDUCATION FUND

ADDRESS (Business Address Acceptable)
1122 W. WASHINGTON BLVD 3RD FLOOR

CITY AND STATE
LOS ANGELES

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

DATE(S): 11 / 21 / 13 - ___/___/___ AMT: \$ 1,155.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
FLIGHT VOUCHER FOR CONFERENCE THAT I
ATTENDED

▶ NAME OF SOURCE (Not an Acronym)
NALEO EDUCATION FUND

ADDRESS (Business Address Acceptable)
1122 W. WASHINGTON BLVD 3RD FLOOR

CITY AND STATE
LOS ANGELES

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

DATE(S): 11 / 21 / 13 - ___/___/___ AMT: \$ 910.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
HOTEL VOUCHER FOR CONFERENCE THAT I
ATTENDED

▶ NAME OF SOURCE (Not an Acronym)
ROBERT AZINIAN

ADDRESS (Business Address Acceptable)
6801 HOLLYWOOD BLVD

CITY AND STATE
HOLLYWOOD, CA

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

DATE(S): 01 / 24 / 13 - ___/___/___ AMT: \$ 280.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Loan advance to pay for flight to a conference held in
sacramento, which I paid back

▶ NAME OF SOURCE (Not an Acronym)
NALEO H.E.L.O FUND

ADDRESS (Business Address Acceptable)
1122 W WASHINGTON BLVD. 3RD FLOOR

CITY AND STATE
LOS ANGELES CA

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

DATE(S): 10 / 16 / 13 - ___/___/___ AMT: \$ 250.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
COST REIMBURSEMENT FOR ATTENDING
CONFERENCE FOR LATINO ELECTED OFFICIALS

Comments: _____