

Please type or print in ink.

NAME OF FILER (LAST) Gomez (FIRST) James (MIDDLE) Benjamin
2014 APR 4 PM 3:25

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
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: Director

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

- State
- Multi-County _____
- City of La Habra
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Orange
- Other _____

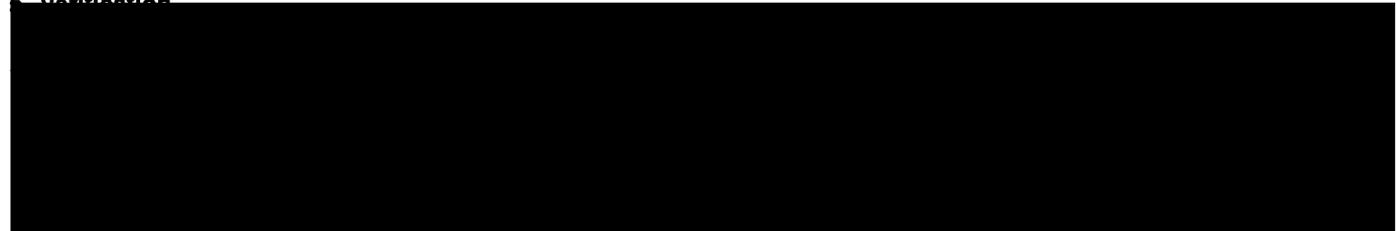
3. Type of Statement (Check at least one box)

- 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: 5
- 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

Date Signed 2/20/2014
(month, day, year)

SCHEDULE D
Income – Gifts

Name
 Gomez, James

▶ NAME OF SOURCE (Not an Acronym)
 Richard D. Jones

ADDRESS (Business Address Acceptable)
 3777 North Harbor Boulevard

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Fullerton, CA 92835

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 13	\$ 100.00	Summit House 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)
 O.C. Gov. Leaders Pray Breakfast

ADDRESS (Business Address Acceptable)
 1800 Von Karmen, Irvine, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Prayer Breakfast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 13	\$ 50.00	Breakfast & parking
/ /	\$	
/ /	\$	

▶ 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: _____

FORM 700 – ATTACHMENT

FILER'S NAME: JAMES GOMEZ, 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:

- Delegate of the Orange County Vector Control.