



2014 APR - 1 A 9 22

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gonzales Joseph J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of South El Monte Councilmember
Division, Board, Department, District, if applicable Your Position
SEM Financing/Parking Authority Commissioner

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

Agency: (see attachment) Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of
- City of South El Monte Other

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR - 1 PM 11:11

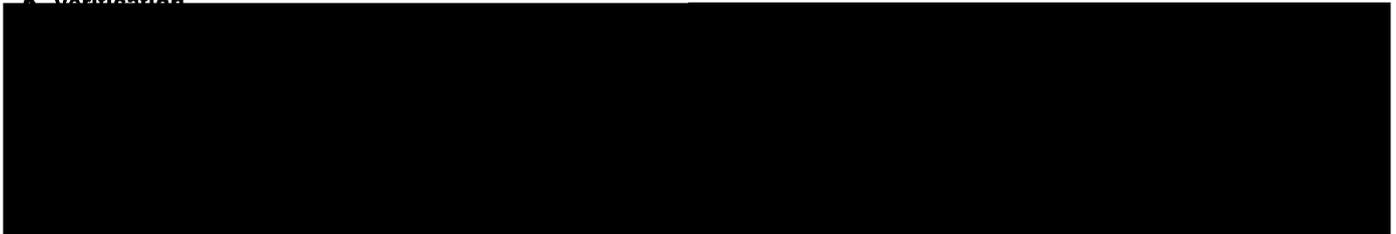
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2013. 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: 5**
- 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 California that the foregoing is true and correct.

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

SCHEDULE D
Income - Gifts

Name
Joseph Gonzales

▶ NAME OF SOURCE (Not an Acronym)
Petra Solar
 ADDRESS (Business Address Acceptable)
300 Corporate Ct. South Plainfield NJ
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Solar Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/06/13</u>	<u>\$ 300</u>	<u>Dodger Ticket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Athens Services
 ADDRESS (Business Address Acceptable)
14048 E. Valley Blvd., Industry CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Disposal / Street Cleaning Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/17/13</u>	<u>\$ 150</u>	<u>Dinner</u>
<u>11/26/13</u>	<u>\$ 50</u>	<u>Turkey</u>
<u>12/23/13</u>	<u>\$ 75</u>	<u>Gift Certificate</u>

▶ NAME OF SOURCE (Not an Acronym)
Prime Star
 ADDRESS (Business Address Acceptable)
201 S. Figueroa St. Ste. 300 L.A. CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/20/13</u>	<u>\$ 100</u>	<u>Dinner</u>
<u>12/30/13</u>	<u>\$ 50</u>	<u>Ceramic Salt/Pepper Shaker Set</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Arroyo Strategy Group
 ADDRESS (Business Address Acceptable)
1055 E. Colorado Blvd, Pasadena CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/16/13</u>	<u>\$ 50</u>	<u>Dinner</u>
<u>12/24/13</u>	<u>\$ 50</u>	<u>Bottle of Alcohol</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Retrail Plus
 ADDRESS (Business Address Acceptable)
14111 Freeway Dr., Santa Fe Springs CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/23/13</u>	<u>\$ 75</u>	<u>Gift Basket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Tony Ybarra
 ADDRESS (Business Address Acceptable)
1415 Santa Anita Ave. S. El Monte CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
City Manager

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/23/13</u>	<u>\$ 75</u>	<u>Gift Basket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name

Joseph Gonzales

▶ NAME OF SOURCE (Not an Acronym)
Richards Watson Gershon
 ADDRESS (Business Address Acceptable)
355 S. Grand Ave. 4th floor LA CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/24/13</u>	<u>\$ 75</u>	<u>Gift Basket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
EK and EK
 ADDRESS (Business Address Acceptable)
1201 W. 5th St., Suite M-250 LA CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/16/13</u>	<u>\$ 100</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CTT Tools
 ADDRESS (Business Address Acceptable)
10052 Garvey Ave El Monte CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/23/13</u>	<u>\$ 100</u>	<u>Bottle Cognac</u>
<u>12/23/13</u>	<u>\$ 50</u>	<u>Candy</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Southern California Assoc. of Governments
 ADDRESS (Business Address Acceptable)
818 W. Seventh St. LA CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Regional Planning Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/03/13</u>	<u>\$ 100</u>	<u>Meals at Conference</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Ross and Casso
 ADDRESS (Business Address Acceptable)
520 S. Grand Ave. Suite 300 LA CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/23/13</u>	<u>\$ 75</u>	<u>Gift Basket</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

Name

Joseph Gonzalez

- 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)
Southern California Assoc. of Governments

ADDRESS (Business Address Acceptable)
818 W. Seventh St. 12th Floor

CITY AND STATE
LA, CA 90017

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

DATE(S): 05/02/13 - 05/03/13 AMT: \$ 200
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
1 Night Hotel Stay at the Palm Desert Marriott

▶ 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: _____

**EXPANDED
STATEMENT OF ECONOMIC INTEREST
FORM 700**

ATTACHMENT:

PARKING AUTHORITY
CITY OF SOUTH EL MONTE

COMMISSIONER

FINANCING AUTHORITY
CITY OF SOUTH EL MONTE

COMMISSIONER

SUCCESSOR AGENCY TO THE SOUTH EL
MONTE IMPROVEMENT DISTRICT

BOARD MEMBER

SAN GABRIEL VALLEY COUNCIL
OF GOVERNMENTS

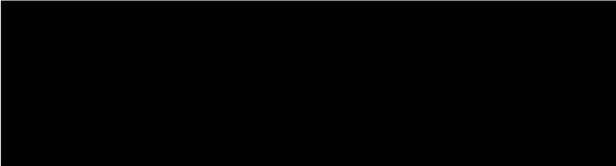
GOVERNING BOARD

SOUTHERN CALIFORNIA ASSOCIATION
OF GOVERNMENTS

COMMITTEE MEMBER

SOUTHEAST AREA ANIMAL CONTROL

COMMISSION MEMBER



COUNCIL MEMBER
CITY OF SOUTH EL MONTE

4-1-14
DATE