

STATEMENT OF ECONOMIC INTERESTS

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Please type or print in ink.

NAME OF FILER (LAST) HOFMEYER (FIRST) DARYL (MIDDLE)  
2014 MAR 24 PM 1:36

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF PARAMOUNT

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: PLEASE 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 PARAMOUNT  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 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: 8

- 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. [Redacted signature area]

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 03/20/2014 (month, day, year)

Form 700 Expanded Statement  
2013/2014

<b>DARYL HOFMEYER</b>		
City of Paramount ♦ 16400 Colorado Avenue ♦ Paramount, CA 90723 ♦ (562) 220-2223		
Agency	Position	Type of Statement
California Joint Powers Insurance Authority  <u>Jurisdiction:</u> Multi-County: Imperial, Inyo, Los Angeles, Marin, Mono, Monterey, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Santa Clara, Ventura	Executive Committee Member	<u>Annual Statement</u> The period covered is February 27, 2013 through December 31, 2013  Note: Assumed office on February 27, 2013
Orangeline Development Authority  <u>Jurisdiction:</u> County of Los Angeles	Director	<u>Annual Statement</u> The period covered is January 1, 2013 through December 31, 2013  Note: Effective March 4, 2014, appointed Alt. Director (was Director previously).
Successor Agency for the Paramount Redevelopment Agency  <u>Jurisdiction:</u> City of Paramount	Councilmember	<u>Annual Statement</u> The period covered is January 1, 2013 through December 31, 2013





**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
**DARYL HOFMEYER**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**16433 ILLINOIS**

CITY  
**PARAMOUNT, CA 90723**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / **13**      DISPOSED      /      / **13**

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       **Rental Property**  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
**ROMBERG MILL**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**16421 ILLINOIS**

CITY  
**PARAMOUNT, CA 90723**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / **13**      DISPOSED      /      / **13**

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
**PRESS FORGE**

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ %      TERM (Months/Years) \_\_\_\_\_  
 None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ %      TERM (Months/Years) \_\_\_\_\_  
 None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_





**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
**WILLDAN ASSOCIATES**

ADDRESS *(Business Address Acceptable)*  
**13191 Crossroad Pkwy., #405, Industry, CA 91746**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ENGINEERING**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 13	\$ 195.00	GOLF
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**CALMET**

ADDRESS *(Business Address Acceptable)*  
**P.O. Box 2137, Paramount, CA 90723**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**REFUSE HAULER**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 13	\$ 75.00	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)*

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: \_\_\_\_\_