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FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) 2014 MAR 24 PM 1:36 (FIRST) (MIDDLE)  
LEMONS PEGGY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF PARAMOUNT

Division, Board, Department, District, if applicable

Your Position

COUNCILMEMBER

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

Agency: PLEASE SEE ATTACHED. Position:

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

- State
- Multi-County \_\_\_\_\_
- City of PARAMOUNT
- 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-
- 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: 4

- 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. [Redacted Signature Area]

I have used all reasonable diligences in preparing this statement. The herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 03/19/2014  
(month, day, year)

Form 700 Expanded Statement  
2013/2014

| <b>PEGGY LEMONS</b>   |                           |  |
|---|---------------------------|--|
| City of Paramount ❖ 16400 Colorado Avenue ❖ Paramount, CA 90723 ❖ (562) 220-2223  |                           |  |
| Agency  | Position                  | Type of Statement  |
| County Sanitation Districts<br>Nos. 1, 2 of Los Angeles<br>County, Board of Directors<br><br><u>Jurisdiction:</u><br>City of Paramount<br>Other: Agency | Alt. Director             | <b><u>Assuming Office</u></b><br>Date Assumed: March 4, 2014   |
| Gateway Cities COG<br>Board of Directors<br><br><u>Jurisdiction:</u><br>County of Los Angeles   | Alternate Board<br>Member | <b><u>Annual Statement</u></b><br>The period covered is January 1, 2013<br>through December 31, 2013 |
| Southeast Area Animal<br>Control Authority<br><br><u>Jurisdiction:</u><br>Other   | Commissioner              | <b><u>Annual Statement</u></b><br>The period covered is January 1, 2013<br>through December 31, 2013 |
| Successor Agency for the<br>Paramount<br>Redevelopment Agency<br><br><u>Jurisdiction:</u><br>City of Paramount  | Councilmember             | <b><u>Annual Statement</u></b><br>The period covered is January 1, 2013<br>through December 31, 2013 |
| Oversight Board for the<br>SAPRA<br><br><u>Jurisdiction:</u><br>City of Paramount   | Board Member              | <b><u>Annual Statement</u></b><br>The period covered is January 1, 2013<br>through December 31, 2013 |



**SCHEDULE D**  
**Income – Gifts**

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

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

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

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>05 / 16 / 13</u> | \$ <u>195.00</u> | <u>GOLF</u>            |
| <u> / / </u>        | \$ <u> </u>      | <u> </u>               |
| <u> / / </u>        | \$ <u> </u>      | <u> </u>               |

▶ NAME OF SOURCE (Not an Acronym)  
**Calmet Services, Inc.**

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) |
|---------------------|------------------|------------------------|
| <u>05 / 15 / 13</u> | \$ <u>150.00</u> | <u>DINNER (+GUEST)</u> |
| <u> / / </u>        | \$ <u> </u>      | <u> </u>               |
| <u> / / </u>        | \$ <u> </u>      | <u> </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) |
|-----------------|-------------|------------------------|
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |
| <u> / / </u>    | \$ <u> </u> | <u> </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) |
|-----------------|-------------|------------------------|
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |

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|-----------------|-------------|------------------------|
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |

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| <u> / / </u>    | \$ <u> </u> | <u> </u>               |
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |
| <u> / / </u>    | \$ <u> </u> | <u> </u>               |

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