

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

TN

Date Received
Official Use Only

RECEIVED
CITY OF CORCORAN
CLERK'S OFFICE
BY: [Signature]
3/25/14

Please type or print in ink.

NAME OF FILER (LAST) Lerma (FIRST) Raymond

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Corcoran City Council Council member
Division, Board, Department, District, if applicable Your Position

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

Agency: see attached Position: _____

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

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

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FAIR POLITICAL PRACTICES COMMISSION
2014 APR - 2 PM 2:33

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: 23

- 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 3/25/14
(month, day, year)

Form 700 Attachment

Raymond Lerma

Additional Positions:

Agency Name

Kings Community Action Organization
Corcoran Oversight Board

Position

Board Member
Chair

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
Raymond M. Lerma

- 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)
Kings Community Action Organization

ADDRESS (Business Address Acceptable)
1130 N. 11th Ave

CITY AND STATE
Hanford, CA 93230

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

DATE(S): 11 / 17 / 13 AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description I represent

* City of Corcoran on Kings Community
Action Organization Board of Directors

▶ 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: I received a reimbursement mileage check for
meetings attended during 2013 year.