

COVER PAGE **TN**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 MACIAS NORMA LETICIA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CITY OF EL MONTE
 Division, Board, Department, District, if applicable
 EL MONTE CITY COUNCIL
 Your Position
 COUNCILWOMAN

RECEIVED
 CITY CLERK'S OFFICE
 2014 APR -1 A 10: 27

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

Agency: _____ Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of LOS ANGELES
 City of EL MONTE Other _____

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 FAIR POLITICAL PRACTICES COMMISSION
 2014 APR -4 PM 1: 52

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 _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2013, through _____ date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." **► Total number of pages including this cover page: 4**

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. Ver

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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 Calif

Date Signed April 1, 2014
 (month, day, year)

SCHEDULE D
Income – Gifts

Name
Macias

▶ NAME OF SOURCE (Not an Acronym)
Olivarez Madruga
 ADDRESS (Business Address Acceptable)
1100 S. Flower St., Suite 2200, Los Angeles
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/16/2013	\$ 50.00	Dinner Indian Wells
07/31/2013	\$ 50.00	Dinner Mtg
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Valley Vista Services
 ADDRESS (Business Address Acceptable)
17445 Railroad Industry 91748
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/16/2013	\$ 50.00	Dinner Indian Wells
11/13/2013	\$ 40.00	Dinner
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Pacifica Services
 ADDRESS (Business Address Acceptable)
106 S Mentor Ave, Pasadena, CA 91106
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/07/2013	\$ 50.00 50.00	Dinner
04/10/2013	\$ 50.00	Dinner
01/17/2013	\$ 20.00 20.00	Lunch
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Leon Garcia
 ADDRESS (Business Address Acceptable)
1507 Latchford Ave Arcadia CA 91709
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/27/2013	\$ 40.00	Lunch
07/12/2013	\$ 40.00	Dinner
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Grapevine
 ADDRESS (Business Address Acceptable)
2440 Mulholland Hwy, Calabasas 91302
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/22/2013	\$ 35.00	Dinner
11/08/2013	\$ 25.00	Lunch
____/____/____	\$ _____	_____

▶ 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: _____