

STATEMENT OF ECONOMIC INTERESTS

RECEIVED

Date Received

Official Use Only

MAR 11 2014

RECEIVED COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION



CITY OF MAYWOOD

Please type or print in ink.

NAME OF FILER (LAST) Martin (FIRST) THOMAS (MIDDLE) Ramon
2014 APR -3 PM 12:20

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Maywood
Division, Board, Department, District, if applicable Councilmembers Your Position Councilmember

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

Agency: City of Maywood Position: Successor Agency Board Member

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

- State
- Multi-County _____
- City of Maywood
- 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.
- Leaving Office: Date Left _____ (Check one)
- 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: _____

- 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]

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 foregoing is true and correct.

Date Signed 3/11/14
(month, day, year)

RECEIVED

MAR 11 2014

CITY OF MAYWOOD

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Thomas Martin

NAME OF BUSINESS ENTITY
Merrill Lynch

GENERAL DESCRIPTION OF THIS BUSINESS
Cash money account

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other Managed investment
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

Comments:

RECEIVED

MAR 11 2014

CITY OF MAYWOOD

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Thomas Martin

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4930 E. 60th St.
CITY
Maywood
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME:

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME:

* 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)
HIGHEST BALANCE DURING REPORTING PERIOD
Guarantor, if applicable

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD
Guarantor, if applicable

Comments:

RECEIVED

MAR 11 2014

CITY OF MAYWOOD

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Thomas Martin

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Dr. Kevin Kashima
ADDRESS (Business Address Acceptable)
8719 1/2 La Tijera Blvd. Los Angeles, CA 90045
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dental Hygiene

YOUR BUSINESS POSITION

Dental Hygienist

GROSS INCOME RECEIVED

- \$500 - \$1,000 \$1,001 - \$10,000
- \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- Salary Spouse's or registered domestic partner's income
- Loan repayment Partnership
- Sale of _____ (Real property, car, boat, etc.)
- Commission or Rental Income, list each source of \$10,000 or more
- Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Dr. Kurtis Kanemaru
ADDRESS (Business Address Acceptable)
7092 Katella Ave. Stanton, CA 90680
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dental Hygiene

YOUR BUSINESS POSITION

Dental Hygienist

GROSS INCOME RECEIVED

- \$500 - \$1,000 \$1,001 - \$10,000
- \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- Salary Spouse's or registered domestic partner's income
- Loan repayment Partnership
- Sale of _____ (Real property, car, boat, etc.)
- Commission or Rental Income, list each source of \$10,000 or more
- Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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

HIGHEST BALANCE DURING REPORTING PERIOD

- \$500 - \$1,000
- \$1,001 - \$10,000
- \$10,001 - \$100,000
- OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% None

SECURITY FOR LOAN

- None Personal residence

Real Property _____

Street address

City

Guarantor _____

Other _____

(Describe)

Comments:

RECEIVED

MAR 11 2014

CITY OF MAYWOOD

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Thomas Martin

- 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)
National Association of Latino Elected
ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd, 3rd Floor
CITY AND STATE
Los Angeles, CA. 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit for Latinos in American Politics
DATE(S): 11/26/14 11/24/14 AMT: \$ 3,200
TYPE OF PAYMENT: (must check one)
[X] Gift [] Income
[] Made a Speech/Participated in a Panel
[X] Other - Provide Description
Travel, Lodging
for Policy Institute on
Emergency Preparedness

NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):
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
DATE(S):
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
DATE(S):
TYPE OF PAYMENT: (must check one)
[] Gift [] Income
[] Made a Speech/Participated in a Panel
[] Other - Provide Description

Comments: