

STATEMENT OF ECONOMIC INTERESTS

Date Received
 Official Use Only

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 MARTINEZ VICTORIA RENE

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

► 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
- Multi-County _____
- City of EL MONTE

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of LOS ANGELES
- 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.
- The period covered is ____/____/____, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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. Ver

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I

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

SCHEDULE D
Income – Gifts

Name
V. Martinez

▶ NAME OF SOURCE (Not an Acronym)
MILAGRO STRATEGY GROUP
 ADDRESS (Business Address Acceptable)
556 S. FAIR OAKS, SUITE 101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
PASADENA, CA 91105

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 6, 13</u>	<u>\$ 30</u>	<u>LUNCH</u>
<u>7, 19, 13</u>	<u>\$ 100</u>	<u>DINNER TICKET</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
OLIVAREZ MADRUGA
 ADDRESS (Business Address Acceptable)
100 S. FLOWER
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOS ANGELES, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 12, 13</u>	<u>\$ 60</u>	<u>DINNER</u>
<u>10, 16, 13</u>	<u>\$ 25</u>	<u>BREAKFAST</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
LEAGUE OF CA CITIES
 ADDRESS (Business Address Acceptable)
100 K STREET # 400
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
SACRAMENTO, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 17, 13</u>	<u>\$ 25</u>	<u>LUNCH</u>
<u>3, 4, 13</u>	<u>\$ 25</u>	<u>LUNCH</u>
<u>6, 13, 13</u>	<u>\$ 25</u>	<u>LUNCH</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
MONARES GROUP
 ADDRESS (Business Address Acceptable)
100 S. VINCENT AVE. #403
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
WEST GAVINA, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 1, 13</u>	<u>\$ 25</u>	<u>LUNCH</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CRAIG COOK
 ADDRESS (Business Address Acceptable)
14715 LOZANO DR.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
BALDWIN PARK, CA 91706

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 18, 13</u>	<u>\$ 25</u>	<u>LUNCH</u>
<u>12, 1, 13</u>	<u>\$ 120</u>	<u>SPORTING EVENT TICKET</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
URBAN ASSOCIATES
 ADDRESS (Business Address Acceptable)
5800 S. EASTERN AVE #260
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
COMMERCE, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 31, 13</u>	<u>\$ 15</u>	<u>BREAKFAST</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
V. Martinez

▶ NAME OF SOURCE (Not an Acronym)
PRIMESTOR PROPERTIES
 ADDRESS (Business Address Acceptable)
201 S. FIGUEROA ST.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOS ANGELES, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3,14,13</u>	<u>\$ 15</u>	<u>BREAKFAST</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
TRIMMING LAND COMPANY
 ADDRESS (Business Address Acceptable)
10513 DOLORES AVE.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
SOUTH GATE, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3,13,13</u>	<u>\$ 60</u>	<u>DINNER</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
SOUTHLAND TRANSIT
 ADDRESS (Business Address Acceptable)
3650 ROCKWELL AVE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
EL MONTE, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8,30,13</u>	<u>\$ 65</u>	<u>DINNER</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
SOUTHERN CALIFORNIA EDISON
 ADDRESS (Business Address Acceptable)
8631 RUSH ST.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ROSEMead, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10,1,13</u>	<u>\$ 25</u>	<u>DINNER</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>

Comments: _____

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

Name
V. Martinez

- 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)
SANITATION DISTRICT

ADDRESS (Business Address Acceptable)
1955 WORKMAN MILL ROAD

CITY AND STATE
WHITTIER, CA 90607-4998

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ 15.42
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description MILEAGE FOR MEETINGS ATTENDED

▶ 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: _____