

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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REC
CITY OF NORWALK
CITY CLERK



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) 14 APR 2014 P5:25
Rodarte Marcel Dean

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Norwalk

Division, Board, Department, District, if applicable

Your Position

Administration

City Council Member

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

Agency: See attached

Position: See attached

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
14 APR 14 PM 2:00

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Norwalk

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left ____/____/____
(Check one)

-or-
The period covered is ____/____/____, through December 31, 2013.

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: 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



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/1/14
(month, day, year)

Marcel Rodarte
Expanded Annual Statement
January 1 through December 31, 2013

Board member	Successor Agency to the Norwalk Redevelopment Agency
Alternate	Gateway Cities Counsel of Governments
Alternate	Southeast LA County Workforce Investment Board
Board member	Southeast Water Coalition
Alternate	Southern California Association of Governments

SCHEDULE D
Income – Gifts

Name

Marcel Rodarte

▶ NAME OF SOURCE (Not an Acronym)
 Consolidated Disposal

ADDRESS (Business Address Acceptable)
 2495 E. 68th Street, Long Beach, CA 90805

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Solid Waste Disposal Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 13	\$ 75.00	Dinner
10 / 04 / 13	\$ 50.00	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Luigi Vernola

ADDRESS (Business Address Acceptable)
 12700 Norwalk Blvd., Norwalk, CA 90650

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Councilmember/Tow Truck Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 08 / 13	\$ 280.00	Laker Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CR&R Waste Services

ADDRESS (Business Address Acceptable)
 12739 Lakeland Ave., Santa Fe Springs, CA 90670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Solid Waste Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 13	\$ 50.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Fiesta Taxi

ADDRESS (Business Address Acceptable)
 2129 W. Rosecrans Ave., Gardena, CA, 90249

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Taxi Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 18 / 13	\$ 50.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Marcel Rodarte

- 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 and Appointed
 ADDRESS (Business Address Acceptable)
 Officials - 1122 W. Washington Blvd., 3rd Floor, Los
 CITY AND STATE
 Angeles, CA 90015
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Latino Educational Fund
 DATE(S): 08 / 23 / 13 - 08 / 25 / 13 AMT: \$ 740.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 Reasonably related to a legislative or governmental
 purpose.

▶ 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: _____

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only
RECEIVED
CITY OF NORWALK
CITY CLERK



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) 14 MAR 31 12:21
Rodarte Marcel Dean

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Norwalk
Division, Board, Department, District, if applicable Administration
Your Position Council Member

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

Agency: See attached. Position: See Attached.

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

State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of Norwalk 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: ____
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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
12700 Norwalk Blvd. Norwalk CA 90650
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(562) 929-5305 mrodarte@norwalkca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/2014 Signature
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Marcel Rodarte

▶ NAME OF SOURCE (Not an Acronym)
Consolidated Disposal
 ADDRESS (Business Address Acceptable)
2495 E. 68th Street, Long Beach, CA 90805
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Solid Waste Disposal Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 17 / 13</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u>10 / 04 / 13</u>	<u>\$ 50.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Luigi Vernola
 ADDRESS (Business Address Acceptable)
12700 Norwalk Blvd., Norwalk, CA 90650
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Councilmember/Tow Truck Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 08 / 13</u>	<u>\$ 280.00</u>	<u>Laker Tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
CR&R Waste Services
 ADDRESS (Business Address Acceptable)
12739 Lakeland Ave., Santa Fe Springs, CA 90670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Solid Waste Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 16 / 13</u>	<u>\$ 50.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Fiesta Taxi
 ADDRESS (Business Address Acceptable)
2129 W. Rosecrans Ave., Gardena, CA, 90249
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Taxi Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 18 / 13</u>	<u>\$ 50.00</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: _____