

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

BY _____

2014 MAR 28 PM 3:29

Please type or print in ink.

NAME OF FILER (LAST) PEREZ (FIRST) LETICIA (MIDDLE) RAQUEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Kern County Board of Supervisors

Division, Board, Department, District, if applicable

District 5

Your Position

Supervisor

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

Agency: SEE ATTACHED

Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 4 PM 1:17

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Kern
- City of _____ 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)
- 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: 5

- 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
- None - No reportable interests on any schedule



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 03.28.14 (month, day, year)

LETICIA PEREZ
Fifth District Supervisor
Kern County Board of Supervisors

2014 Expanded Statement

Kern Sanitation Authority – Board Member
Ford City-Taft Heights Sanitation District – Board Member
Industrial Development Authority – Board Member
Animal Control Commission – Board Member
Children and Families Commission – Board Member
Kern Council of Governments – Alternate Member
Kern Economic Development Corporation – Alternate Member
Kern Public Services Financing Authority – Board Member
Tobacco Funding Corporation – Board Member
Workforce Investment Board – Youth Council – Board Member

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 LETICIA PEREZ

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME COUNTY OF KERN - IDP	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Consultation - Legal	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Spouse's Income	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	
_____	<small>Street address</small>	
HIGHEST BALANCE DURING REPORTING PERIOD	_____	
<input type="checkbox"/> \$500 - \$1,000	<small>City</small>	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> OVER \$100,000	<small>(Describe)</small>	

Comments: _____

SCHEDULE D
Income – Gifts

Name
LETICIA PEREZ

▶ NAME OF SOURCE (Not an Acronym)
HARVEY L. HALL

ADDRESS (Business Address Acceptable)
1001 21st Street, Bakersfield, CA 93301

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Owner - Hall Ambulance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01</u> / <u>11</u> / <u>13</u>	\$ <u>100.00</u>	<u>Plant</u>
<u>12</u> / <u>15</u> / <u>13</u>	\$ <u>100.00</u>	<u>Floral Arrangement</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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
PARAMOUNT FARMS/ROLL GLOBAL

ADDRESS (Business Address Acceptable)
11444 W. Olympic Blvd., Los Angeles CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agricultural Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12</u> / <u>14</u> / <u>13</u>	\$ <u>300.00</u>	<u>Holiday Trunk Gift Set</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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
GRIMMWAY FARMS

ADDRESS (Business Address Acceptable)
P.O. Box 81498, Bakersfield CA 93380

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agricultural Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12</u> / <u>19</u> / <u>13</u>	\$ <u>100.00</u>	<u>Travel Ice Chest</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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____