

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

CITY CLERK'S OFFICE  
CITY OF BELL GARDENS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Aceituno Pedro 2015 MAR 31 P 4: 05

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Bell Gardens 1155 CARFIELD AVENUE BELL GARDENS, CA 90201

Division, Board, Department, District, if applicable City Council  
Your Position Councilmember

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

Agency: Oversight Board of The Successor Agency Position: Vice Chair

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of \_\_\_\_\_
- City of Bell Gardens  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is January 1, 2014, 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: 3

- 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. Verification

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

Date Signed 03/20/2015  
(month, day, year)

CITY CLERK'S OFFICE  
CITY OF BELL GARDENS

2015 MAR 31 P 4: 05

7155 GARFIELD AVENUE  
BELL GARDENS, CA 90201

**SCHEDULE D**  
**Income – Gifts**

Name  
**Pedro Aceituno**

▶ NAME OF SOURCE (Not an Acronym)  
**LAN WAN Enterprise**

ADDRESS (Business Address Acceptable)  
**17500 Red Hill Ave Suite 120 Irvine, CA 92614-5680**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**IT Services**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>05 / 15 / 14</b>	<b>\$ 200.00</b>	<b>Golf</b>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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: \_\_\_\_\_

CITY CLERK'S OFFICE  
CITY OF BELL GARDENS

**SCHEDULE E**  
**Income – Gifts**

2015 MAR 31 P 4:05

**Travel Payments, Advances,  
and Reimbursements**

Name  
Pedro Aceituno

1133 GARFIELD AVENUE  
BELL GARDENS, CA 90201

- 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)  
NALEO Education Fund

ADDRESS (Business Address Acceptable)  
1122 Washington Blvd.

CITY AND STATE  
Los Angeles CA

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

DATE(S): 09 / 12 / 14 - 09 / 13 / 14 AMT: \$ 1,047.42  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Not Subject to gift limit. Policy Institute on  
Infrastructure

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

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

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

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_