CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

Date Initial Filing
Official Use Only

RECEIVED
CITY OF ROSEMEAD
APR 13 2015
CITY CLERK'S OFFICE
BY:

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Armenta Sandra L

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

City of Rosemead

Division, Board, Department, District, if applicable: City Council

Your Position: Council Member

► 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 Rosemead
- ☐ 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, 2014, through December 31, 2014.

-or-

The period covered is ___/___/_____, through December 31, 2014.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*

○ The period covered is January 1, 2014, through the date of leaving office.

○ 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 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*

[redacted]

herein and in any attached schedules is true and complete. I ac[redacted]

I certify under penalty of perjury under the laws of the State [redacted]

Date Signed 04/01/2015
(month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Sandra Armenta

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: League of California Cities Latino Caucus
ADDRESS *(Business Address Acceptable)*: 770 L Street, Suite 1030 Sacramento ,CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Annual Board Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/12/14	$ 45.00	Dinner
01/13/14	$ 30.00	Breakfast
01/13/14	$ 47.00	Lunch

► NAME OF SOURCE *(Not an Acronym)*: League of California Cities Latino Caucus
ADDRESS *(Business Address Acceptable)*: 770 L Street, Suite 1030 Sacramento ,CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Annual Board Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/13/14	$ 70.00	Dinner
01/14/14	$ 30.00	Breakfast
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Advance America
ADDRESS *(Business Address Acceptable)*: 135 N. Church St. Spartanburg, SC 29306
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Mid Year Board Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/02/14	$ 50.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: League of California Cities Latino Caucus
ADDRESS *(Business Address Acceptable)*: 770 L Street, Suite 1030 Sacramento ,CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Mid Year Board Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/02/14	$ 35.00	Breakfast
08/02/14	$ 46.00	Lunch
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: League of California Cities Latino Caucus
ADDRESS *(Business Address Acceptable)*: 770 L Street, Suite 1030 Sacramento ,CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: League of CA Cities Annual Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/04/14	$ 28.00	Pre Gala Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Burke, Williams, and Sorensen LLP
ADDRESS *(Business Address Acceptable)*: 444 South Flower St., Suite 2400 Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: California Contract Cities Annual Municipal Conf.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/15/14	$ 120.00	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Sandra Armenta

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Republic Services
ADDRESS *(Business Address Acceptable)*
2531 East 67th Street Long Beach, CA 90805
BUSINESS ACTIVITY, IF ANY, OF SOURCE
California Contract Cities Annual Municipal Conf.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 14	$ 50.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Republic Services
ADDRESS *(Business Address Acceptable)*
2531 East 67th Street Long Beach, CA 90805
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles Dodger Tickets

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 04 / 14	$ 220.00	4 Dodger Tickets
/ /	$	
/ /	$	

► 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: