

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



RECEIVED Date Initial Filing

Received Official Use Only MAR 16 2015

CITY OF MAYWOOD

Please type or print in ink.

NAME OF FILER

(LAST) Martin

(FIRST) Thomas

(MIDDLE) Ramon

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Maywood Maywood Finance Authority TM  
Maywood Housing Authority TM

Division, Board, Department, District, if applicable

Councilmember

Your Position

Councilmember

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

Agency: City of Maywood

Position: Successor Agency Board Member

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of

Maywood

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 December 31, 2014.

The period covered is January 1, 2014, through the date 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: 6

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.

I certify under penalty of perjury under the laws of the State

Date Signed 3/15/15 (month, day, year)

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
15 APR - 3 PM 149

RECEIVED

MAR 16 2015

CITY OF MAYWOOD

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Name Thomas Martin

NAME OF BUSINESS ENTITY Merrill Lynch
GENERAL DESCRIPTION OF THIS BUSINESS Diversified Mutual Funds
FAIR MARKET VALUE \$10,001 - \$100,000
NATURE OF INVESTMENT Other
IF APPLICABLE, LIST DATE: ACQUIRED 14, DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE: ACQUIRED 14, DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE: ACQUIRED 14, DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE: ACQUIRED 14, DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE: ACQUIRED 14, DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE: ACQUIRED 14, DISPOSED 14

Comments:

RECEIVED

MAR 16 2015

CITY OF MAYWOOD

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Thomas Martin

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4930 E. 60th St.
CITY
Maywood
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME:

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME:

\* You are not required to report loans from commercial lending institutions 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\*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD

NAME OF LENDER\*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD

Comments:

RECEIVED

MAR 16 2015

CITY OF MAYWOOD

SCHEDULE C

Income, Loans, & Business

Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Thomas Martin

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Dr. Kevin Kashima

ADDRESS (Business Address Acceptable)

8719 1/2 La Tijera Blvd. LA, CA 90045

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Dental Hygiene

YOUR BUSINESS POSITION

Dental Hygienist

GROSS INCOME RECEIVED

- \$500 - \$1,000
\$1,001 - \$10,000
\$10,001 - \$100,000
OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- Salary
Spouse's or registered domestic partner's income

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Dr. Kurtis Kanemaru

ADDRESS (Business Address Acceptable)

7092 Katella Av. Stanton, CA. 90680

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Dental Hygiene

YOUR BUSINESS POSITION

Dental Hygienist

GROSS INCOME RECEIVED

- \$500 - \$1,000
\$1,001 - \$10,000
\$10,001 - \$100,000
OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- Salary
Spouse's or registered domestic partner's income

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other (Describe)

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\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- \$500 - \$1,000
\$1,001 - \$10,000
\$10,001 - \$100,000
OVER \$100,000

INTEREST RATE

TERM (Months/Years)

% None

SECURITY FOR LOAN

- None
Personal residence

Real Property

Street address

City

Guarantor

Other

(Describe)

Comments:

RECEIVED

MAR 16 2015

CITY OF MAYWOOD

SCHEDULE D  
Income - Gifts

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Thomas Martin

▶ NAME OF SOURCE (Not an Acronym)  
City Mgr. Lillian Myers

ADDRESS (Business Address Acceptable)  
4319 E. Slavson Av. Maywood CA 90270

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
city manager

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/22/14</u>	<u>\$ 175</u>	<u>Circus tickets</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)

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: \_\_\_\_\_

RECEIVED

MAR 16 2015

CITY OF MAYWOOD **SCHEDULE E**  
Income - Gifts  
Travel Payments, Advances,  
and Reimbursements

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Thomas Martin

- 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 subj ct to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym) Educational Fund  
National Association of Latino Elected Officials

ADDRESS (Business Address Acceptable)  
1122 W. Washington Blvd., 3rd Floor

CITY AND STATE  
Los Angeles, CA 90015

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit for Latinos in American Politics

DATE(S): 8, 8, 14 - 8, 10, 14 AMT: \$ 2,200  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, lodging for  
Policy Institute on  
Health

▶ 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: \_\_\_\_\_