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

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
MARTINEZ	VICTORIA	RENEE

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF EL MONTE

Division, Board, Department, District, if applicable: EL MONTE CITY COUNCIL

Your Position: COUNCILWOMAN

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

Agency: SEE ATTACHED LISTING Position:

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

- ☐ State
- ☐ Multi-County
- ☑ City of EL MONTE
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of LOS ANGELES
- ☐ 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: 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

-or-

☐ **None** - *No reportable interests on any schedule*

5. V[redacted]

I have used all reasonable diligence in preparing this statement. I ha[redacted]ned herein and in any attached schedules is true and complete. I ackno[redacted]

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

Date Signed 3/31/15
(month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: V. MARTINEZ

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym): MILAGRO STRATEGY GROUP
ADDRESS (Business Address Acceptable): 556 S. FAIR OAKS AVE, STE 101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: PASADENA, CA 91105

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/18/14	$ 150	DINNER EVENT
10/22/14	$ 250	DINNER EVENT
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): VALLEY VISTA SERVICES
ADDRESS (Business Address Acceptable): 17445 E. RAILROAD ST.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CITY OF INDUSTRY CA 91748

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/10/14	$ 45	LUNCH
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): MONARES GROUP
ADDRESS (Business Address Acceptable): 100 S. VINCENT AVE #403
BUSINESS ACTIVITY, IF ANY, OF SOURCE: WEST COVINA, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/26/14	$ 20	BREAKFAST
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): PEPSICO
ADDRESS (Business Address Acceptable): 19700 S. FIGUEROA ST.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CARSON, CA 90745

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/4/14	$ 126	EVENT TICKET
12/9/14	$ 126	EVENT TICKET
9/11/14	$ 65	LUNCH EVENT

▶ NAME OF SOURCE (Not an Acronym): OLIVAREZ MADRUGA
ADDRESS (Business Address Acceptable): 100 S. FLOWER
BUSINESS ACTIVITY, IF ANY, OF SOURCE: LOS ANGELES, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/13/14	$ 30	LUNCH
7/31/14	$ 25	LUNCH
11/13/14	$ 30	LUNCH

▶ NAME OF SOURCE (Not an Acronym): FESTIVAL COMPANIES
ADDRESS (Business Address Acceptable): 9841 AIRPORT BLVD, SUITE 700
BUSINESS ACTIVITY, IF ANY, OF SOURCE: LOS ANGELES, CA 90045

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/13/14	$ 15	BREAKFAST
2/1/14	$ 40	GIFT
/ /	$	

Comments:

CALIFORNIA FORM **700**
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Name: V. MARTINEZ

SCHEDULE D
Income – Gifts

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)
LA YELLOW CAB	2129 W. ROSECRANS	GARDENA, CA	11/17/14	$ 70	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)
LEAGUE OF CA CITIES	100 K STREET #400	SACRAMENTO, CA	9/5/14	$ 40	LUNCH
			/ /	$	
			/ /	$	

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)
IBEW INT'L BROTHERHOOD OF ELECTRICAL WORKERS	297 N. MARENGO AVE LOCAL 11	PASADENA, CA	9/27/14	$ 240	EVENT TICKET/ FOOD/BEVERAGE
			/ /	$	
			/ /	$	

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:

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Name: V. MARTINEZ

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

- **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)*
LOCAL GOVERMENT COMMISSION
ADDRESS *(Business Address Acceptable)*
1303 J. STREET, SUITE 250
CITY AND STATE
SACRAMENTO, CA 95814-2936
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 2/12/14 - 2/16/14 *(If gift)* AMT: $ 744.13
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
CONFERENCE SCHOLARSHIP

▶ NAME OF SOURCE *(Not an Acronym)*
SANITATION DISTRICT
ADDRESS *(Business Address Acceptable)*
1955 WORKMAN MILL RD.
CITY AND STATE
WHITTIER CA 90607
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ 15.42
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
MILEAGE FOR MEETINGS ATTENDED

▶ NAME OF SOURCE *(Not an Acronym)*
LATINO WATER EDUCATION FOR LEADERS
ADDRESS *(Business Address Acceptable)*
930 COLORADO BLVD, BLDG 2
CITY AND STATE
LOS ANGELES, CA 90041
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 3/28/14 - __/__/__ *(If gift)* AMT: $ 400
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
CONFERENCE SCHOLARSHIP

▶ 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): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

Victoria Martinez: Form 700, Statement of Economic Interests

Other Agencies:

1) City of El Monte

a. El Monte Public Financing Authority Agency
b. El Monte Public Facility Corporation
c. El Monte Housing Authority Agency
d. El Monte Water Authority

2) (ICRMA) Independent Cities Risk Management Association
3) County Sanitation Districts No. 15 of Los Angeles County
4) Foothill Transit Zone
5) (SCAG) Southern California Association of Governments
6) (LACMTA) Los Angeles METRO Transportation Authority