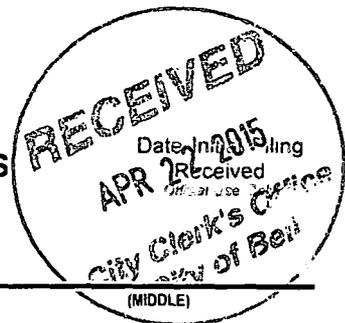


AT/AN 2014

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Quintana Ana Maria

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Bell
Division, Board, Department, District, if applicable
Your Position
Council Member

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

Agency: City Council Position: Council Member

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

- State
- Multi-County _____
- City of Bell
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Los Angeles
- Other _____

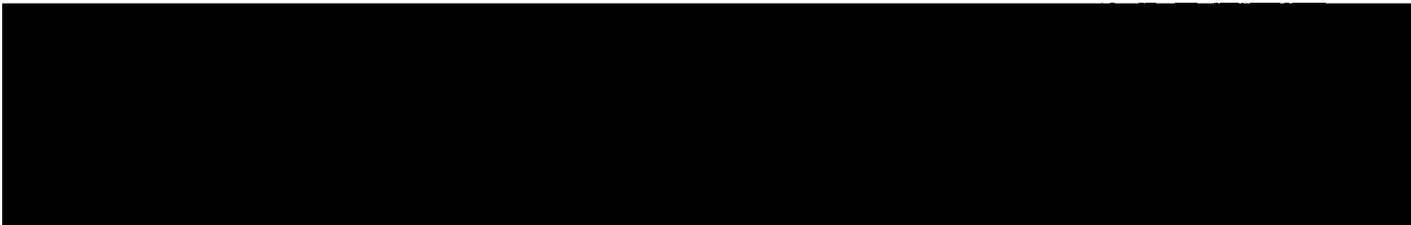
3. Type of Statement (Check at least one box)

- 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: 4
- 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. Verification



Date Signed 4/22/15
(month, day, year)

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2015 MAY -4 PM 2:17

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2015 MAY -4 PM 2:19

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
Irma Moisa Rodriguez
ADDRESS (Business Address Acceptable)
12800 Center Ct. Dr. Ste 300 Cerritos, CA 90706
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 07 / 14</u>	\$ <u>20</u>	<u>Lunch</u>
<u>03 / 27 / 14</u>	\$ <u>86</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Gabriel Sandoval
ADDRESS (Business Address Acceptable)
12800 Center Ct. Dr. Ste 300 Cerritos, CA 90706
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 08 / 14</u>	\$ <u>150</u>	<u>Clippers Game Ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Southern California Edison Gov. Advisory Board
ADDRESS (Business Address Acceptable)
2244 S. Walnut St. Rosemead, CA. 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 16 / 14</u>	\$ <u>20</u>	<u>Lunch</u>
<u>10 / 27 / 14</u>	\$ <u>20</u>	<u>Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Isabel Birrueta
ADDRESS (Business Address Acceptable)
1100 S. Flower St. Ste. 2200 Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 22 / 14</u>	\$ <u>57</u>	<u>Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Boys and Girls Club Rio Hondo
ADDRESS (Business Address Acceptable)
7104 Perry Rd. Bell Gardens, CA. 90201
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 16 / 14</u>	\$ <u>35</u>	<u>Fashion Show</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Filer's Verification

Date Signed 4/22/15

Comments: _____

RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION

2015 MAY -4 PM 2:19 SCHEDULE D
 Income - Gifts

CALIFORNIA FORM **700**
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
Pamela Yugar
 ADDRESS (Business Address Acceptable)
6330 Pine Ave. Bell, CA 90201
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 14</u>	\$ <u>15</u>	<u>Lunch</u>
<u>05 / 01 / 14</u>	\$ <u>50</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Ibeth Carcamo
 ADDRESS (Business Address Acceptable)
633 W. 5th Ste. 4000 Los Angeles, CA. 90071
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 14</u>	\$ <u>50</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Terry Rodrigue
 ADDRESS (Business Address Acceptable)
15061 Springdale St. Ste. 205 Huntington Beach, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 14</u>	\$ <u>50</u>	<u>Dinner</u>
<u>05 / 22 / 14</u>	\$ <u>15</u>	<u>Future Scholars Dinner</u>
<u>07 / 09 / 14</u>	\$ <u>40</u>	<u>Dinner</u>

▶ NAME OF SOURCE (Not an Acronym)
Arsen and Nick Sarkisian (NASA)
 ADDRESS (Business Address Acceptable)
1701 Gage Rd. Montebello, CA. 90640
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 16 / 14</u>	\$ <u>80</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Jacob Mojarro
 ADDRESS (Business Address Acceptable)
612 W. Whittier Blvd. Montebello, CA. 90640
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 14</u>	\$ <u>30</u>	<u>Gift Card</u>
<u>05 / 01 / 14</u>	\$ <u>50</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Filer's Verification

Date Signed 4/22/15

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2015 MAY -4 PM 2:19
SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
Rodrigo Vazquez
ADDRESS (Business Address Acceptable)
180 S. Sycamore Ave. #101 Los Angeles, CA. 90640
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 14 / 14</u>	\$ <u>150</u>	<u>MexAm Bar Assoc Gal</u>
<u>10 / 17 / 14</u>	\$ <u>150</u>	<u>Latina Lawyers Gala</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Salvador Colin
ADDRESS (Business Address Acceptable)
Roma Norte, Ciudad de Mexico C.P. 06700 Mexico
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 21 / 14</u>	\$ <u>100</u>	<u>Painting</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Alshire & Wynder
ADDRESS (Business Address Acceptable)
18881 Von Karman Ave. #1700 Irvine, CA. 92612
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 31 / 14</u>	\$ <u>15</u>	<u>Lunch</u>
<u>09 / 04 / 14</u>	\$ <u>115</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

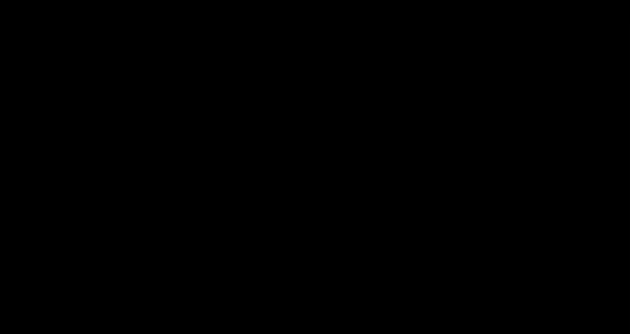
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

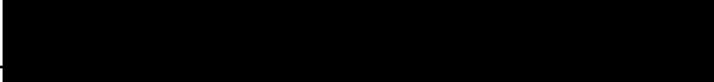
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Spiker Consulting Group (Ken & Adam Spiker)
ADDRESS (Business Address Acceptable)
1100 S. Flower St. Ste. 3300 Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 07 / 14</u>	\$ <u>70</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>



Date Signed 4/22/15



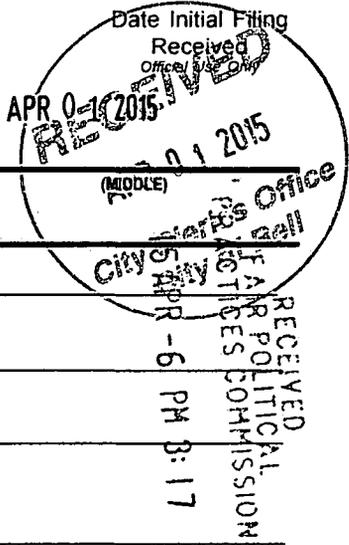
Comments: _____

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

RECEIVED



Please type or print in ink.

NAME OF FILER (LAST) Quintana (FIRST) Ana Maria (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Bell

Division, Board, Department, District, if applicable

Your Position

Council Member

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

Agency: City Council

Position: Council Member

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of Los Angeles

City of Bell

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 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: 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

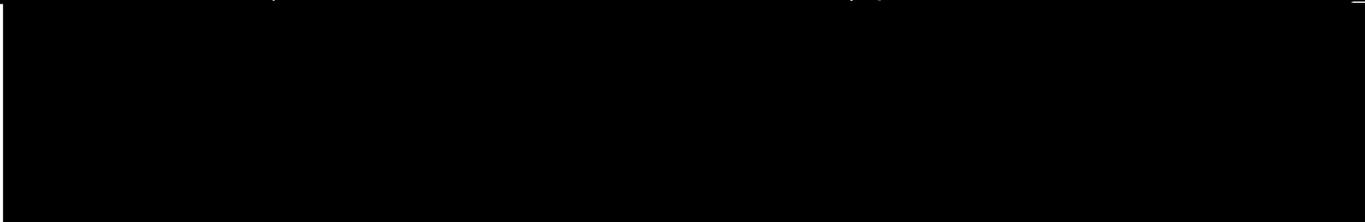
Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5.



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

SCHEDULE D
Income – Gifts

Name
Ana Maria Quintana

▶ NAME OF SOURCE *(Not an Acronym)*
Irma Moisa Rodriguez
ADDRESS *(Business Address Acceptable)*
12800 Center Ct. Dr. Ste 300 Cerritos, CA. 90706
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 14	\$ 20.00	Lunch
03 / 27 / 14	\$ 85.55	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Southern California Edison Gov. Advisory Board
ADDRESS *(Business Address Acceptable)*
2244 S. Walnut St. Rosemead, CA. 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 16 / 14	\$ 35.00	Fashion Show Ticket
07 / 16 / 14	\$ 15.00	Lunch
10 / 27 / 14	\$ 15.00	Lunch

▶ NAME OF SOURCE *(Not an Acronym)*
Gabriel Sandoval
ADDRESS *(Business Address Acceptable)*
12800 Center Ct. Dr. Ste. 300 Cerritos, CA. 90703
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 14	\$ 150.00	Clippers Game Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Isabel Birrueta
ADDRESS *(Business Address Acceptable)*
1100 S. Flower St. Ste. 2200 Los Angeles, CA. 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 14	\$ 57.48	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Pamela Yugar
ADDRESS *(Business Address Acceptable)*
6330 Pine Ave. Bell, CA. 90201
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	\$ 15.00	Lunch
05 / 01 / 14	\$ 50.00	Lunch
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Terry Rodrigue
ADDRESS *(Business Address Acceptable)*
15061 Springdale St. Ste. 205 Huntington Beach, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	\$ 50.00	Dinner
05 / 22 / 14	\$ 15.00	Future Scholars Dinner
07 / 09 / 14	\$ 40.00	Dinner

Comments: _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
Jacob Mojarro
 ADDRESS (Business Address Acceptable)
612 W. Whittier Blvd.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Montebello, CA. 90640

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	\$ 30.00	Starbucks Gift Card
05 / 01 / 14	\$ 50.00	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Rodrigo Vazquez
 ADDRESS (Business Address Acceptable)
180 S. Sycamore Ave. #101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, CA. 90036

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 14	\$ 150.00	Mex Am Bar Assoc Gal:
10 / 17 / 14	\$ 150.00	Latina Lawyers Gala
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Ibeth Carcamo
 ADDRESS (Business Address Acceptable)
633 W. 5th St. Ste. 4000 Los Angeles, CA. 90071
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	\$ 50.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Alshire & Wynder, LLP
 ADDRESS (Business Address Acceptable)
18881 Von Karman Ave. #1700
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Irvine, CA. 92612

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 31 / 14	\$ 15.00	Lunch
09 / 04 / 14	\$ 115.15	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Arsen and Nick Sarkisian (NASA)
 ADDRESS (Business Address Acceptable)
1701 Gage Rd.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Montebello, CA. 90640

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 14	\$ 80.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Spiker Consulting Group (Ken & Adam Spiker)
 ADDRESS (Business Address Acceptable)
1100 S. Flower St. Ste. 3300
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, CA. 90015

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 14	\$ 70.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 Salvador Colin

ADDRESS (Business Address Acceptable)
 Roma Norte, Ciudad de Mexico C.P. 06700 Mexico

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 21 / 14	\$ 100.00	Painting
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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

Name
 Ana Maria Quintana

- 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)
 League of California Cities

ADDRESS (Business Address Acceptable)
 1400 K Street

CITY AND STATE
 Sacramento, CA. 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents.

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 3,150.68
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Travel, meal and lodging for volunteer services as a member of the League board of directors.

▶ NAME OF SOURCE (Not an Acronym)
 California Contract Cities Association

ADDRESS (Business Address Acceptable)
 11027 Downey Ave.

CITY AND STATE
 Downey, CA. 90241

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents.

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 324.65
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Meals for volunteer services as a member of executive board.

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities

ADDRESS (Business Address Acceptable)
 1400 K Street

CITY AND STATE
 Sacramento, CA. 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents.

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 134.15
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Meals for volunteer services as a member of a League Policy Committee.

▶ NAME OF SOURCE (Not an Acronym)
 East Yard Communities for Environmental Justice

ADDRESS (Business Address Acceptable)
 2317 A. Atlantic Blvd.

CITY AND STATE
 Commerce, CA. 90040

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 0.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name
 Ana Maria Quintana

- 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)
Latinas Represent

ADDRESS (Business Address Acceptable)
815 16th St. NW 3rd Floor

CITY AND STATE
Washington, DC. 20006

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

DATE(S): / / - / / AMT: \$ 0.00
 (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 _____

▶ 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: _____