

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hobles Farmin Ramos

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Arvin

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: _____

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FAIR POLITICAL
PRACTICES COMMISSION
2015 JAN 14 AM 11:45

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

- State
- Multi-County _____
- City of Arvin
- 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, 2013, through December 31, 2013.
- or-
- The period covered is ____/____/____, through December 31, 2013.
- Assuming Office:** Date assumed 12/16/14
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, 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: _____

- 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. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 1/11/15
(month, day, year)

Attachment to FPPC Form 700

Name: Jazmin Robles

Type of Statement:
(check one)

01-12-15P03:39 RCVD

Assuming Office /Initial Date: 12/16/14

Annual: (check one)

The period covered is January 1, 2013 through December 31, 2013.
- or -

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

Leaving Office Date Left: ___/___/___
(check one)

The period covers is January 1, ___ through the date of leaving office.
- or -

The period covered is ___/___/___ through the date of leaving office.

**Additional Agencies/Positions:
(Check all that apply)**

Arvin Public Financing Authority
 President Member Other: Executive Director / Secretary

Arvin Housing Authority
 President Member Other: Executive Director / Secretary

Agency

Position

Signature



Date

1/11/15