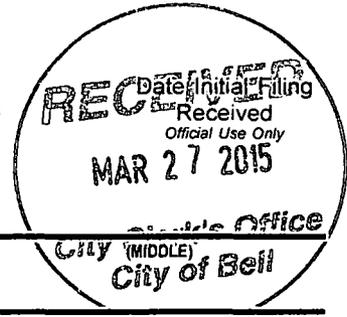


CG

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) SALEH (FIRST) ALI

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Bell

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

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

Agency: SUCCESSOR AGENCY City of Bell Planning Commission

Position: BOARD MEMBER Commissioner

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

State

Multi-County _____

City of Bell

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.

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.

Assuming Office: Date assumed _____

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 A-2 - Investments - schedule attached

Schedule B - Real Property - schedule attached

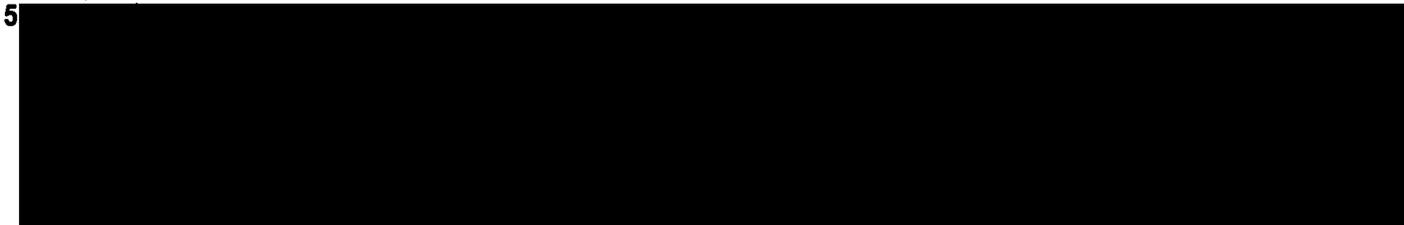
Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule D - Income - Gifts - schedule attached

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

-or-

None - No reportable interests on any schedule



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 March 27, 2015
(month, day, year)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Ali Saleh

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6816 Fishburn Ave.

CITY
Bell

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/_____
 \$10,001 - \$100,000 _____/_____/_____
 \$100,001 - \$1,000,000 _____/_____/_____
 Over \$1,000,000 _____/_____/_____

ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Jose Carranza & Arelix L. Lavarreda
Hussein Saleh
Manuel Munoz

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/_____
 \$10,001 - \$100,000 _____/_____/_____
 \$100,001 - \$1,000,000 _____/_____/_____
 Over \$1,000,000 _____/_____/_____

ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* 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)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Ali Saleh

▶ NAME OF SOURCE (Not an Acronym)
 Bell Chamber of Commerce

ADDRESS (Business Address Acceptable)
 5200 E. Gage Ave., Ste. 1 Bell, CA 90201

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 14	\$ 25.00	Event Ticket
06 / 21 / 14	\$ 40.00	Event Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Entravision Communications Corporation

ADDRESS (Business Address Acceptable)
 2425 Olympic Blvd., Suite 6000 Santa Monica, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 media

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 21 / 14	\$ 300.00	Event Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 The Whole Child

ADDRESS (Business Address Acceptable)
 10155 Colima Road Whittier, CA 90603

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 14	\$ 225.00	Event Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Lebanese American Foundation, Inc.

ADDRESS (Business Address Acceptable)
 4800 Wilshire Blvd. Los Angeles, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 14	\$ 300.00	Event Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Human Services Association

ADDRESS (Business Address Acceptable)
 6800 Florence Ave. Bell Gardens, CA 90201

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 14	\$ 100.00	Event Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Rio Hondo College Foundation

ADDRESS (Business Address Acceptable)
 3600 Workman Mill Road Whittier, CA 90601

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 02 / 14	\$ 75.00	Event Ticket
/ /	\$	
/ /	\$	

Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
 Ali Saleh

▶ NAME OF SOURCE (Not an Acronym)
 Arab American National Museum

ADDRESS (Business Address Acceptable)
 13624 Michigan Ave. Dearborn, MI 48126

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 14	\$ 250.00	Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 The California Ladies Organization

ADDRESS (Business Address Acceptable)
 930 E. Dryden Street Glendale, CA 91207

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 14	\$ 100.00	Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Krikor Arabian

ADDRESS (Business Address Acceptable)
 3561 Holmes Circle Hacienda Heights, CA 91745

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 11 / 14	\$ 195.00	Cigars
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 The Bicycle Casino Community Foundation

ADDRESS (Business Address Acceptable)
 8635 Florence Ave., Ste. 203 Downey, CA 90240

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 29 / 14	\$ 200.00	Golf Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Los Angeles Beirut Sister City

ADDRESS (Business Address Acceptable)
 100 S. Wetherly Drive PH 6 Los Angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 14	\$ 150.00	Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Arab American Lawyers Assn. of Southern California

ADDRESS (Business Address Acceptable)
 4283 Empress Ave. Encino, CA 91436

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 14	\$ 150.00	Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Ali Saleh

▶ NAME OF SOURCE *(Not an Acronym)*
Quantum Associates

ADDRESS *(Business Address Acceptable)*
1101 South San Pedro Street Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
real estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 14	\$ 200.00	Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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
 Ali Saleh

- 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 Government Commission

ADDRESS (Business Address Acceptable)
 980 Ninth Street, Ste. 1700

CITY AND STATE
 Sacramento, CA

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

DATE(S): 02 / 13 / 14 - 02 / 15 / 14 AMT: \$ 1,300.00
 (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: _____