AN2014

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION

(TN)

Date Initial Filing

CITY OF DALY CITY
CITY CLERK

2015 MAY -6 PM 1:48

2015 MAY -1 P 3:14

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
TORRES	GONZALO	(SAL)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF DALY CITY

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: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of DALY CITY
- ☐ 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.

☐ **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:*** 1

- ☐ **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*

[redacted]

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

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

Date Signed 1 MAY 2015
(month, day, year)

[redacted]

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov