



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) CANO (FIRST) JERRY (MIDDLE) CITY OF NATIONAL CITY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY of NATIONAL 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: see attached list

Position:

RECEIVED CITY CLERK 2015 APR 1 PM 4 53 CITY OF NATIONAL CITY

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of NATIONAL of CITY

Other

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 15 APR -6 PM 3:13

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 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:

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

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/2015

(month, day, year)

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name JERRY CANO
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▶ NAME OF SOURCE (Not an Acronym)
 N/A

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)
___/___/___	\$ _____	_____
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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

JERRY CANO

CITY of NATIONAL CITY COUNCIL MEMBER

SUCCESSOR AGENCY to the REDEVELOPMENT AGENCY of the CITY of NATIONAL CITY COUCLMEMBER

NATIONAL CITY PARKING AUTHORITY COUNCILMEMBER