

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Date Received
Office
**Received
Watsonville
City Clerk**

APR 1'15 AM 8:35

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 APR -3 PM 1:26

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cervantez, Karina

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Watsonville
Division, Board, Department, District, if applicable
District 2
Your Position
Council Member

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

Agency: Successor Agency/ Successor Housing Agency
Position:

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

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

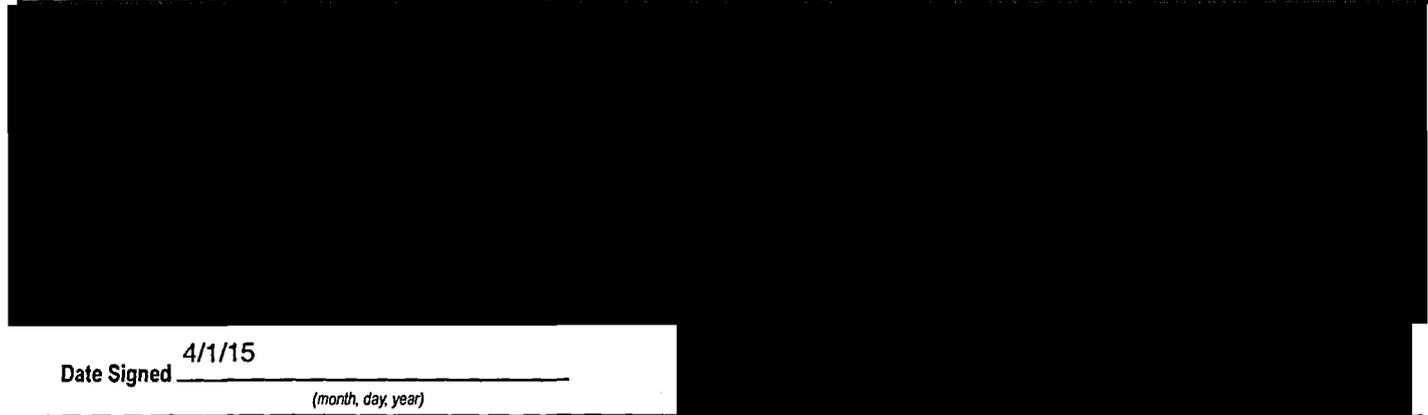
3. Type of Statement (Check at least one box)

- 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 _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- 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.

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



Date Signed 4/1/15
(month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Cervantez, Karina

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Cabrillo College

ADDRESS (Business Address Acceptable)
 6500 Soquel Dr., Aptos CA 95003

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Adjunct Faculty

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 PolicyLink

ADDRESS (Business Address Acceptable)
 1438 Webster Street, Oakland CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Summer Research Intern

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
 Barona Resort & Casino

ADDRESS (Business Address Acceptable)
 1931 Wild Canyon Rd., Lakeside CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Tribal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 16 / 14	\$ 112.17	Meal
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 The California Latino Water Coalition

ADDRESS (Business Address Acceptable)
 1215 K Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Water

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 25 / 14	\$ 100.00	Event Ticket
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Latino Caucus - League of CA Cities

ADDRESS (Business Address Acceptable)
 770 L Street, Ste. 1030, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Board Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 10 / 14	\$ 45.00	Dinner
1 / 11 / 14	\$ 147.00	Meals: \$30/ \$47/ \$70
1 / 12 / 14	\$ 30.00	Breakfast
____/____/____	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
 1400 K Street, Suite 400, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Policy Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 24 / 14	\$ 30.00	Lunch
4 / 4 / 14	\$ 30.00	Lunch
____/____/____	\$ _____	_____

▶ 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
Cervantez, Karina

- 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)
East-West Center

ADDRESS (Business Address Acceptable)
1601 East-West Road

CITY AND STATE
Honolulu, Hawaii

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

DATE(S): 9 / 21 / 14 - 10 / 5 / 14 AMT: \$ 4,745.60
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
New Generation Seminar; Topic: Challenges of
Climate Change; food/ lodging/ airfare

▶ 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: _____