CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

Date Initial Filing Received
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03-18-15P07:11 RCVD

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1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: CITY OF ARVIN

Division, Board, Department, District, if applicable: CITY COUNCIL

Your Position: MAYOR

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

Agency: SEE ATTACHMENT

Position:

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

- ☐ State
- ☐ Multi-County
- ☒ City of ARVIN
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of Kern
- ☐ 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:*** 3

- ☐ **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]

Date Sign[redacted] 3-18-15

[redacted]

03-18-15P07:11 RCVD

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6116 Langford Ave.

CITY
Arvin CA 93203

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST
- [ ] Ownership/Deed of Trust
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- [ ] $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

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* 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 _____% [ ] None

TERM (Months/Years)

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 _____% [ ] None

TERM (Months/Years)

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

[ ] Guarantor, if applicable

Comments:

Attachment to FPPC Form 700

Name: Jose Flores
Type of Statement:
(check one)

☐ Assuming Office /Initial Date: _____ 03-18-15P07:11 RCVD

☒ Annual: (check one)
☐ The period covered is January 1, 2014 through December 31, 2014.
- 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: _____

☐ Arvin Housing Authority
☒ President ☐ Member ☐ Other: _____

☐ Successor Agency to the Arvin Community Redevelopment Agency

☒ Chair ☐ Member ☐ Other: _____

☐ Kern Council of Governments

☐ Chair ☒ Member ☐ Other: _____

☐ Kern County AIDS Advisory Board

☐ Chair ☒ Member ☐ Other: _____

Agency **Position**

_____ _____

Jose C Flores
Signature

March 18, 2015
Date