

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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Official Use Only  
MAR 16 2015  
La Habra City Clerk Department

Please type or print in ink.

NAME OF FILER (LAST) Gomez (FIRST) James (MIDDLE) Benjamin

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of La Habra  
Division, Board, Department, District, if applicable City Council  
Your Position Councilmember  
Agency: see attached Position: see attached

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FAIR POLITICAL PRACTICES COMMISSION  
15 APR -6 PM 4:07

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County  County of Orange  
 City of La Habra  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: 6  
 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

Date Signed 3-16-2015 (month, day, year) Sign

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Gomez, James

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Joia

ADDRESS (Business Address Acceptable)  
 333 S. Alameda, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Consultant

YOUR BUSINESS POSITION  
 Consultant Business

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  
 City of La Habra

ADDRESS (Business Address Acceptable)  
 201 E. La Habra Blvd., La Habra, CA 90631

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 City Council

YOUR BUSINESS POSITION  
 Councilmember

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Gomez, James

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Orange County Vector Control

ADDRESS (Business Address Acceptable)  
13001 Garden Grove Blvd., Garden Grove, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Board member

YOUR BUSINESS POSITION  
Trustee

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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  
James Gomez

▶ NAME OF SOURCE (Not an Acronym)  
Marie Sofi

ADDRESS (Business Address Acceptable)  
1240 Lora wood St, La Habra

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12,31,14</u>	<u>\$ 50<sup>00</sup></u>	<u>Gift Basket Est.</u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Pauline + Rosie Gomez

ADDRESS (Business Address Acceptable)  
1080 Marcine St. La Habra

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12,31,14</u>	<u>\$ 50<sup>00</sup></u>	<u>Gift Card</u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Richard D. Jones.

ADDRESS (Business Address Acceptable)  
3777 N Harbor Blvd. Fullerton

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12,31,14</u>	<u>\$ 100<sup>00</sup></u>	<u>"Gift Card Dinner Summit House"</u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>
<u>8,7,14</u>	<u>\$ 190<sup>00</sup></u>	<u>We will Rock You TICKETS</u>

▶ 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)
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Nick + Stella Hernandez

ADDRESS (Business Address Acceptable)  
138 5th Ave, La Habra

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12,31,14</u>	<u>\$ 50<sup>00</sup></u>	<u>Gift Card Card.</u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>

▶ 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)
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>
<u>  /  /  </u>	<u>  \$  </u>	<u>  </u>

Comments: \_\_\_\_\_

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Print Form

**SCHEDULE D**  
**Income – Gifts**

Name  
James Gomez

▶ NAME OF SOURCE (Not an Acronym)  
Paul Janoian

ADDRESS (Business Address Acceptable)  
1220 Bonnie Ln, La Habra

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 31, 14</u>	<u>\$ 50<sup>00</sup></u>	<u>Gift Card.</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
Mary Lou Dorado + Jean Simovian

ADDRESS (Business Address Acceptable)  
801 Highlanders Ave, La Habra

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 31, 14</u>	<u>\$ 50<sup>00</sup></u>	<u>Gift Card.</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
Jerry + Jennifer Price

ADDRESS (Business Address Acceptable)  
150 N Euclid, La Habra CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 31, 14</u>	<u>\$ 50<sup>00</sup></u>	<u>Gift Card.</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
Sal Faiella

ADDRESS (Business Address Acceptable)  
101 West La Habra Blvd, La Habra

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 31, 14</u>	<u>\$ 50<sup>00</sup></u>	<u>Gift Card.</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
Rick + Berna TOONE

ADDRESS (Business Address Acceptable)  
801 Woodcrest La Habra CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 31, 14</u>	<u>\$ 50<sup>00</sup></u>	<u>Gift Card.</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
Rex Susan Gaede

ADDRESS (Business Address Acceptable)  
1301 Denise Ct. Brea, CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 31, 14</u>	<u>\$ 50<sup>00</sup></u>	<u>Gift Card.</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

Comments: Gifts received on Birthday!

**STATEMENT OF ECONOMIC INTEREST  
FORM 700 – ATTACHMENT**

**FILER'S NAME: JAMES GOMEZ, COUNCILMEMBER**

**FILING PERIOD: 1/1/14 – 12/31/14**

I am filing an expanded statement as Director of the following agencies within the jurisdiction of the City of La Habra:

SUCCESSOR AGENCY TO THE LA HABRA REDEVELOPMENT AGENCY  
LA HABRA CIVIC IMPROVEMENT AUTHORITY  
LA HABRA HOUSING AUTHORITY  
LA HABRA UTILITY AUTHORITY

I am filing an expanded statement as:

- Delegate of the Orange County Vector Control.
- Alternate of the Southern California Association of Governments (SCAG)