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CITY OF SAN FERNANDO  
CITY CLERK

Please type or print in ink. 2015 APR 13 PM 2:32

NAME OF FILER (LAST) Gonzales (FIRST) Robert (MIDDLE) CITY CLERK  
CITY OF SAN FERNANDO

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of San Fernando  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position City Council Member

► 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)

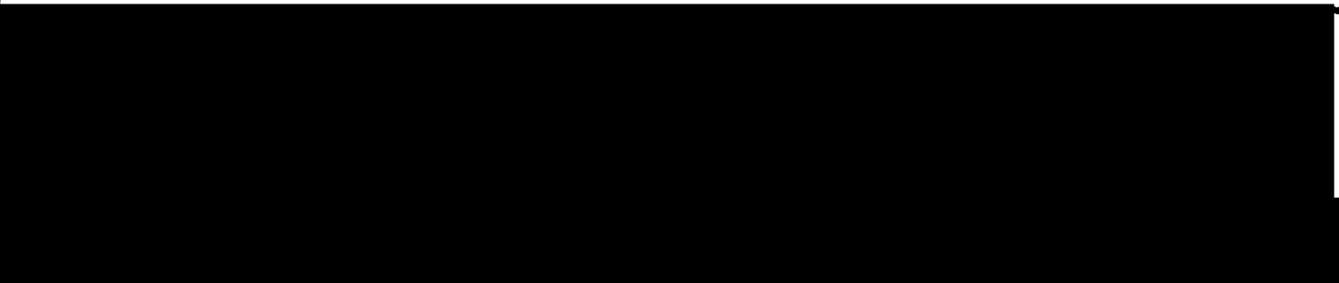
- State
- Multi-County \_\_\_\_\_
- City of San Fernando
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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: 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



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

Date Signed 3/31/15  
(month, day, year)

**SCHEDULE D**  
**Income – Gifts**

Name  
Robert Gonzales

▶ NAME OF SOURCE (Not an Acronym)  
Republic Services

ADDRESS (Business Address Acceptable)  
9200 Glencaks Blvd, Sun Valley 91327

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Trash Vendor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7.10.14</u>	<u>\$ 150</u>	<u>Golf tournament</u>
<u>11.6.14</u>	<u>\$ 100</u>	<u>charity dinner</u>
<u>   </u>	<u>   </u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
Robertson Properties Group

ADDRESS (Business Address Acceptable)  
120 N. Robertson Blvd. Los Angeles 90018

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1.07.14</u>	<u>\$ 100.00</u>	<u>Movie tickets</u>
<u>   </u>	<u>   </u>	<u>   </u>
<u>   </u>	<u>   </u>	<u>   </u>

▶ NAME OF SOURCE (Not an Acronym)  
Olivarez Medrug LLP

ADDRESS (Business Address Acceptable)  
1100 S flower st #2100 Los Angeles 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8.29.14</u>	<u>\$ 125</u>	<u>Golf tournament</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>
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<u>   </u>	<u>   </u>	<u>   </u>
<u>   </u>	<u>   </u>	<u>   </u>

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
Robert Gonzales

- 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)  
Metropolitan Water District  
 ADDRESS (Business Address Acceptable)  
700 N. Alameda St.  
 CITY AND STATE  
Los Angeles Ca.

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

DATE(S): 3/22/13 - 3/23/13 AMT: \$ 703.20  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Educational trip

▶ 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: \_\_\_\_\_