

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Gurrola Jr. (FIRST) Jose (MIDDLE) T
DATE: MAY 11 PM 1:19

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Arvin City Council
Division, Board, Department, District, if applicable _____
Your Position Mayor Pro tem

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

Agency: see attachment Position: _____

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

- State
- Multi-County _____
- City of Arvin
- 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

5. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge
I certify under penalty of perjury under the laws of the State of

Date Signed 5/6/15
(month, day, year)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Boys + Girls Clubs of Kern County

ADDRESS (Business Address Acceptable)
801 Miles Str. 93305 Bathers Pkwy

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit C4

YOUR BUSINESS POSITION
Athletic Director

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: _____

Attachment to FPPC Form 700

05-06-15A10:50 RCVD

Name: Jose Gurreala

Type of Statement:
(check one)

Assuming Office /Initial Date: _____

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 only those 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: _____

Oversight Board for the Successor Agency to the Arvin Redevelopment Agency
 Chair Member Other: _____

Kern Council of Government (KernCOG)
 Chair Member Other: _____

Agency

Kern LAFCO

Position

Commissioner

Date

5/6/15

