



STATEMENT OF ECONOMIC INTERESTS

KERN COUNTY

Date Initial Filing Received  
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COVER PAGE  
FAIR POLITICAL PRACTICES COMMISSION

2015 APR -1 PM 4:29

2015 APR -9 PM 2:32

Please type or print in ink.

NAME OF FILER (LAST) PEREZ (FIRST) LETICIA (MIDDLE) RAQUEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

DISTRICT 5

Your Position

SUPERVISOR

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

Agency: SEE ATTACHED

Position: SEE ATTACHED

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of KERN

City of

Other

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed / /

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: 4

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

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 California

Date Signed 04/01/2015

(month, day, year)

**LETICIA PEREZ**  
**Fifth District Supervisor**  
**Kern County Board of Supervisors**

**2014 Expanded Statement**

Kern Sanitation Authority – Board Member
Ford City-Taft Heights Sanitation District – Board Member
Industrial Development Authority – Board Member
Animal Control Commission – Board Member
Children and Families Commission – Board Member
Kern Council of Governments – Alternate Member
Kern Economic Development Corporation – Alternate Member
Kern Public Services Financing Authority – Board Member
Tobacco Funding Corporation – Board Member
Workforce Investment Board – Youth Council – Board Member

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
**LETICIA PEREZ**

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Southern California School of Theology

ADDRESS (Business Address Acceptable)  
1325 North College Avenue, Claremont, CA 91711

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educational Institution

YOUR BUSINESS POSITION  
Spouse's Income

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  
**LETICIA PEREZ**

▶ NAME OF SOURCE (Not an Acronym)  
**ROLL GLOBAL LLC**

ADDRESS (Business Address Acceptable)  
**11444 West Olympic Blvd., Los Angeles, CA 90049**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Agricultural Company**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 05 / 14</b>	<b>\$ 274.00</b>	<b>Holiday Basket</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**SOUTHERN CA GAS COMPANY**

ADDRESS (Business Address Acceptable)  
**3701 Pegasus Drive, Ste. 113, Bakersfield, CA 93309**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Utility Company**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04 / 11 / 14</b>	<b>\$ 12.64</b>	<b>Meal</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**WILLIE RIVERA**

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>01 / 06 / 14</b>	<b>\$ 100.00</b>	<b>Floral Arrangement</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**KERN CITIZENS FOR SUSTAINABLE GOVT**

ADDRESS (Business Address Acceptable)  
**PO Box 81075, Bakersfield, CA 93380**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>10 / 23 / 14</b>	<b>\$ 300.00</b>	<b>Event Meals (2)</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**HARVEY L. HALL**

ADDRESS (Business Address Acceptable)  
**1001 21st Street, Bakersfield, CA 93301**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Business Owner - Hall Ambulance**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 11 / 14</b>	<b>\$ 100.00</b>	<b>Floral Arrangement</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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: \_\_\_\_\_