

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Solis Hilda L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Board of Supervisors-Los Angeles County

Division, Board, Department, District, if applicable

First District

Your Position

County 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 Los Angeles

City of _____

Other _____

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left ____/____/____ (Check one)

-or-

The period covered is ____/____/____, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed 12 / 01 / 2014

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

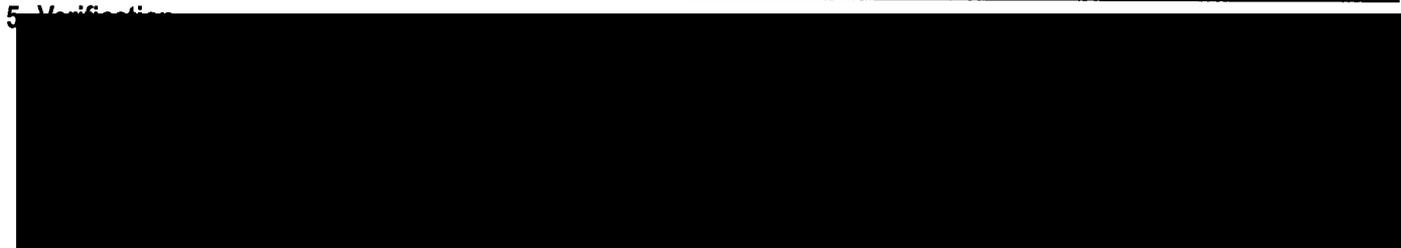
Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the information and information on any attached schedules is true and complete. I acknowledge that this statement is a public record.

I certify under penalty of perjury under the laws of the State of California that the information and information on any attached schedules is true and complete. I acknowledge that this statement is a public record.

Date Signed 12/23/14
(month, day, year)

**STATEMENT OF ECONOMIC INTERESTS
ASSUMING OFFICE FILING**

**AGENCY LISTING
FIRST DISTRICT SUPERVISOR HILDA SOLIS**

LOCAL AGENCIES
• Alameda Corridor East Construction Authority
• Board of Supervisors
• Community Development Commission/Housing Authority
• Industrial Development Authority
• Local Agency Formation Commission
• Los Angeles Care Health Plan
• Los Angeles Care Health Plan Joint Powers Authority
• Los Angeles Grand Avenue Authority
• Metropolitan Transportation Authority (MTA)
• Oversight Board of the CRA/LA-DLA
• Sanitation District

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Hilda L. Solis

▶ NAME OF SOURCE (Not an Acronym)
YMCA of Metropolitan Los Angeles

ADDRESS (Business Address Acceptable)
2900 Whittier Blvd., Los Angeles, CA 90023

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 17 / 14</u>	<u>\$ 140.00</u>	<u>food & beverage</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>

▶ NAME OF SOURCE (Not an Acronym)
NCLR National Council of La Raza

ADDRESS (Business Address Acceptable)
1126 16th St., NW, Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 10 / 14</u>	<u>\$ 50.00</u>	<u>food & beverage</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>

▶ NAME OF SOURCE (Not an Acronym)
Montebello-Commerce YMCA

ADDRESS (Business Address Acceptable)
2000 W Beverly Blvd., Montebello, CA 90640

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 06 / 14</u>	<u>\$ 125.00</u>	<u>food & beverage</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: I spoke at YMCA's MLK breakfast on 01/17/2014 and at Montebello-Commerce YMCA on 11/06/2014.

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hilda L. Solis

- 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)
Bipartisan Policy Center
 ADDRESS (Business Address Acceptable)
1225 Eye St., NW, Suite 1000
 CITY AND STATE
Washington, DC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 01 / 22 / 14 - 01 / 23 / 14 AMT: \$ 1,560.27
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Participated in the bipartisan immigration task force

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

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)
Harvard University, the Institute of Politics
 ADDRESS (Business Address Acceptable)
79 JFK Street
 CITY AND STATE
Cambridge, MA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 04 / 22 / 14 - 04 / 23 / 14 AMT: \$ 2,530.00
 (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
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

Comments: _____