CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
(Official Use Only)

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

11 APR -7 PM 12:23

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

SIMONOFF MARTY L

MAR07'11 AM 8:56

1. Office, Agency, or Court

Agency Name: CITY OF BREA

Division, Board, Department, District, if applicable

Your Position: COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of BREA
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ **Assuming Office:** Date ____/____/____

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

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

○ The period covered is January 1, 2010, through the date of leaving office.

○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** _____

- ☐ **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*

herein and in any attached schedules is true and complete. I acknowledge this is a

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

Date Signed 3-7-11 *(month, day, year)* **Signatur**

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: SIMONOFF

▶ 1. BUSINESS ENTITY OR TRUST

Name: SMJ ENTERPRISES, INC

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Corporation Other

YOUR BUSINESS POSITION PRES.

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ____ Yrs. remaining ☐ Other ____

☐ Check box if additional schedules reporting investments or real property are attached

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▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ ____ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ____ Yrs. remaining ☐ Other ____

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Simunoff

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
580 #37 Brea Blvd

CITY
Brea, CA

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
Own Jointly with Spouse & Son.
Son's Residence

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Simonoff

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: EDCO WASTE SERVICES

ADDRESS (Business Address Acceptable): P.O. Box 116 LAKEWOOD, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

YOUR BUSINESS POSITION: PUBLIC AFFAIRS DIRECTOR

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ (Property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: PERS Retirement

ADDRESS (Business Address Acceptable): PERS SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

YOUR BUSINESS POSITION: Retired Police Captain

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ (Property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] 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 E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Simonoff

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the $420 gift limit.**

► NAME OF SOURCE
League of California Cities
ADDRESS *(Business Address Acceptable)*
1400 K Street
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Advocacy for cities and their residents
DATE(S): 01/01/10 - 12/31/10 *(If applicable)* AMT: $ 0,000.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
DESCRIPTION: Travel, meals and lodging for volunteer services as a member of the League board of directors.

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments:

League of California Cities
BOARD MEAL FUNCTIONS IN 2010

Costs incurred by the League for board meal functions during 2010.

Board members may review the following list of meal functions, identify those you attended, and add the cost to the summary of direct charges and reimbursements for a total of League costs during 2010.

	Feb. 11-12	April 22-23	July 15-16	Sept. 17	Nov. 17-19	
Meal Function	League Office Marriott	League Office Citizen Hotel	Mission Inn Riverside	San Diego Convention Center	San Diego Hilton Bay View	Total
Wednesday snack					9.00	
Wednesday dinner					79.00	
Thursday breakfast					38.00	
Thursday lunch	25.00	18.00	36.00		49.00	
Thurs. snacks/bev	15.00		9.00		9.00	
Thurs. recep/dinner	70.00	68.00	69.00		82.00	
Thurs. dessert recep.						
Friday breakfast		31.00	33.00	40.00	38.00	
Friday am snacks						
Friday recep/lunch	24.00	37.00	33.00		37.00	
Friday snacks/bev.						
Friday recep/dinner						
Total	134.00	154.00	180.00	40.00	341.00	849.00

League of California Cities
Board Member Report
January through December 2010

Date	Num	Name	Memo	Amount
Simonoff, Marty				
02/16/2010	2861	Residence Inn by Marriott	hotel Feb 10 board meeting Marty Simonoff	95.58
04/30/2010	LCAC14	The Citizen Hotel	hotel Apr 10 board meeting Marty Simonoff	179.73
07/31/2010	DB0499	Mission Inn Hotel & Spa	hotel Jul 10 board meeting Marty Simonoff	132.09
				407.40