TN

Date Initial Filing Received

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GUERRERO	JACK	M

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF CUDAHY, CALIFORNIA

Division, Board, Department, District, if applicable: CITY OF CUDAHY, CALIFORNIA

Your Position: COUNCIL MEMBER

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

Agency: N/A

Position: N/A

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of CUDAHY, CALIFORNIA
- ☐ 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 ____/____/_____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **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.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 8

- ☑ **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*

[redacted]

herein and in any attached schedules is true and complete. I ackno

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

Date Signed 04/01/2015
(month, day, year)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: BUERRERO, JACK

► NAME OF BUSINESS ENTITY
AMERICAN EXPRESS COMPANY
GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL/ CREDIT SERVICES

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

NATURE OF INVESTMENT
- ☑ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY
CITIGROUP
GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL/ MONEY CENTER BANKS

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

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED 07/21/14 DISPOSED

► NAME OF BUSINESS ENTITY
JP MORGAN CHASE & CO.
GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL/ MONEY CENTER BANKS

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

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

► NAME OF BUSINESS ENTITY
APPLE, INC.
GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMER GOODS/ ELECTRONIC

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

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED 03/05/14 DISPOSED

► NAME OF BUSINESS ENTITY
GOLDMAN, SACHS & COMPANY
GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL/ INVESTMENT BROKERAGE

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

NATURE OF INVESTMENT
- ☑ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED 03/05/14 DISPOSED

► NAME OF BUSINESS ENTITY
_____
GENERAL DESCRIPTION OF THIS BUSINESS
_____

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

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

Comments: THIS SCHEDULE EXCLUDES DIVERSIFIED MUTUAL FUNDS [redacted]

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: GUERRERO JACK

▶ 1. BUSINESS ENTITY OR TRUST

N/A
Name
N/A
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/14 ACQUIRED __/__/14 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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.)

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address 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:
__/__/14 ACQUIRED __/__/14 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

▶ 1. BUSINESS ENTITY OR TRUST

N/A
Name
N/A
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/14 ACQUIRED __/__/14 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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.)

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address 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:
__/__/14 ACQUIRED __/__/14 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: NOT APPLICABLE

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
GUERRERO, JACK

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

- **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)*
NALEO EDUCATIONAL FUND
ADDRESS *(Business Address Acceptable)*
1122 W. WASHINGTON BLVD., THIRD FLOOR
CITY AND STATE
LOS ANGELES, CA 90015
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
EDUCATIONAL & PROFESSIONAL DEVELOPMENT
DATE(S): 08/08/14 - 08/10/14 *(If gift)* AMT: $600.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
POLICY INSTITUTE ON HEALTH. ESTIMATED COSTS FOR LODGING, MEALS, AND MATERIALS.

► 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): __/__/__ - __/__/__ *(If gift)* AMT: $
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): __/__/__ - __/__/__ *(If gift)* AMT: $
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): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: ESTIMATED COST FOR LODGING, MEALS, AND EDUCATIONAL MATERIALS RELATED TO POLICY ~~INSTITUTE ON HEALTH. (I PAID FOR MY OWN TRAVEL.)~~

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
GUERRERO, JACK

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

- **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)*
WATER EDUCATION FOR LATINO LEADERS
ADDRESS *(Business Address Acceptable)*
930 COLORADO BLVD., BLDG 2
CITY AND STATE
LOS ANGELES, CA 90041
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
EDUCATIONAL TRAINING ORGANIZATION
DATE(S): 03/27/14 - 03/28/14 *(If gift)* AMT: $600.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
ESTIMATE -MEALS/LODGING/ TRAVEL/ EDUCATIONAL MATERIALS

► NAME OF SOURCE *(Not an Acronym)*
GROW ELECT PAC
ADDRESS *(Business Address Acceptable)*
1020 12TH ST., SUITE 232
CITY AND STATE
SACRAMENTO, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
PAC - REPUBLICAN PARTY RELATED
DATE(S): 02/12/14 - 02/13/14 *(If gift)* AMT: $500.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
EST. TRAVEL/ LODGING/ MEAL. PARTICIPATED IN MEETINGS ON BEHALF OF GROW ELECT

► NAME OF SOURCE *(Not an Acronym)*
NALEO EDUCATIONAL FUND
ADDRESS *(Business Address Acceptable)*
1122 W. WASHINGTON BLVD., THIRD FLOOR
CITY AND STATE
LOS ANGELES, CA 90015
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
EDUCATIONAL & PROFESSIONAL DEVELOPMENT
DATE(S): 09/11/14 - 09/13/14 *(If gift)* AMT: $1,500.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
POLICY INSTITUTE ON INFRASTRUCTURE. MEALS/TRAVEL/LODGING.

► NAME OF SOURCE *(Not an Acronym)*
NALEO EDUCATIONAL FUND
ADDRESS *(Business Address Acceptable)*
1122 W. WASHINGTON BLVD., THIRD FLOOR
CITY AND STATE
LOS ANGELES, CA 90015
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
EDUCATIONAL & PROFESSIONAL DEVELOPMENT
DATE(S): 11/21/14 - 11/23/14 *(If gift)* AMT: $1,800.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☑ Made a Speech/Participated in a Panel
☑ Other - Provide Description
GUEST SPEAKER/ PANELIST - ETHICS AND GOVERNMENT REFORM. MEAL/TRAVEL/LODGING

Comments: ESTIMATED COSTS RELATE TO ECONOMY TRAVEL, MEALS, LODGING AND EDUCATIONAL MATERIALS. (NO HONORARIA RECEIVED FOR PANEL DISCUSSION.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
GUERRERO, JACK

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
OLIVAREZ MADRUGA
ADDRESS *(Business Address Acceptable)*
1100 S FLOWER #2200 LOS ANGELES CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATTORNEYS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 14	$ 80.00	GOLF/ LUNCH
07 / 28 / 14	$ 30.00	LUNCH
10 / 03 / 14	$ 30.00	LUNCH

► NAME OF SOURCE *(Not an Acronym)*
OLIVAREZ MADRUGA
ADDRESS *(Business Address Acceptable)*
1100 S FLOWER #2200 LOS ANGELES CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATTORNEYS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 12 / 14	$ 30.00	LUNCH
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
NALEO EDUCATIONAL FUND
ADDRESS *(Business Address Acceptable)*
1122 W. WASHINGTON BL, LOS ANGELES 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
EDUCATIONAL INSTITUTE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 06 / 14	$ 100.00	GOLF/ LUNCH
03 / 06 / 14	$ 50.00	TRAVEL BAG/ SHIRT
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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:

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: GUERRERO, JACK

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: LOS ANGELES SANITATION DISTRICT OF LA CO

ADDRESS (Business Address Acceptable): 1955 WORKMAN MILL RD WHITTIER CA 90607

BUSINESS ACTIVITY, IF ANY, OF SOURCE: SANITATION DISTRICT - LOS ANGELES COUNTY

YOUR BUSINESS POSITION: DIRECTOR - CITY OF CUDAHY

GROSS INCOME RECEIVED
- [x] $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)

- [x] Other BOARD STIPEND (APPROX. $500/ YR 2014) (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: GATEWAY CITIES COUNCIL OF GOVERNMENTS

ADDRESS (Business Address Acceptable): 16401 PARAMOUNT BL, PARAMOUNT, CA 90723

BUSINESS ACTIVITY, IF ANY, OF SOURCE: COUNCIL OF GOVERNMENTS

YOUR BUSINESS POSITION: DIRECTOR - CITY OF CUDAHY

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [x] $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)

- [x] Other BOARD STIPEND (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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: GUERRERO, JACK

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
N/A

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:
___/___/14 ACQUIRED ___/___/14 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.
☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
N/A

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:
___/___/14 ACQUIRED ___/___/14 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.
☐ None

* 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: NOT APPLICABLE