CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

CITY OF CALEXICO RECEIVED 7 8 9 10 11 12 FEB 2 2015 Date Initial Filing Received Official use only CITY CLERK'S DESK

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
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1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF CALEXICO

Division, Board, Department, District, if applicable
CITY COUNCIL

Your Position
MAYOR / COUNCILMAN

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

Agency: _____ Position: _____

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

State

Multi-County _____

City of _____

Judge or Court Commissioner (Statewide Jurisdiction)

County of _____

Other _____

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

X **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:*** 2

__ **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
X **Schedule D** - *Income – Gifts* – schedule attached
__ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

None - *No reportable interests on any schedule*

5. Verification

[redacted]

I certify under penalty of perjury under the laws of the State of C[redacted]

Date Signed 2/2/2015
(month, day, year)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Juan Manuel Moreno

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
McDougal Love Eckis Boehmer and Foley
ADDRESS *(Business Address Acceptable)*
8100 La Mesa Boulevard #200, La Mesa, CA 91942
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 10 / 14	$ 156.00	Padre Tickets
/ /	$	
/ /	$	

▶ 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)*
The Charles Company
ADDRESS *(Business Address Acceptable)*
9034 West Sunset Blvd. W Hollywood, CA 90069
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 14	$ 400.00	Box of Cigars
/ /	$	
/ /	$	

▶ 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: