A02014

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

# STATEMENT OF ECONOMIC INTERESTS

Date Received
*Official Use Only*

TN

## COVER PAGE

12-13-14 A10:31 RCVD

*Please type or print in ink.*

| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| ORTIZ | JESS | G |

## 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY of ARVIN

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

Your Position: COUNCIL MEMBER

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

Agency: SEE ATTACHED

Position:

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

- ☐ State
- ☐ Multi-County
- ☒ City of ARVIN
- ☐ 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, 2013, through December 31, 2013.

-or-

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

☒ **Assuming Office:** Date assumed 12/16/14

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

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

○ The period covered is January 1, 2013, 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:*** 4

- ☐ **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*

## 5. [redacted]

**Date Signed** 12-18-14
*(month, day, year)*

## Attachment to FPPC Form 700

**Name:** JESS G. ORTIZ
**Type of Statement:**
(check one)

12-13-14A10:31 RCVD

[X] Assuming Office /Initial Date: 12-16-14

[ ] Annual: (check one)
  [ ] The period covered is January 1, 2013 through December 31, 2013.
  **- or –**
  [ ] The period covered is ____/____/____, through December 31, _____.

[ ] Leaving Office Date Left: ____/____/____
(check one)
  [ ] The period covers is January 1, _____ through the date of leaving office.
  **- or –**
  [ ] The period covered is ____/____/____ through the date of leaving office.

**Additional Agencies/Positions:**
**(Check all that apply)**

[ ] Arvin Public Financing Authority
  [ ] President [X] Member [ ] Other: Executive Director / Secretary

[ ] Arvin Housing Authority
  [ ] President [X] Member [ ] Other: Executive Director / Secretary

| **Agency** | **Position** |
|---|---|
| | |
| | |
| | |

[redacted]

12-18-14
Date

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name JESS G. ORTIZ

# SCHEDULE B
## Interests in Real Property
(Including Rental Income)

12-13-14A10:31 RCVD

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
411 PETERSON ST
CITY
ARVIN CA 93203

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

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

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [x] $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
4816 MORRO DR
CITY
BAKERSFIELD CA.

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

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

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [x] $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*
OCWEN

ADDRESS *(Business Address Acceptable)*
P.O. BOX 24646 WEST PALM BEACH FL 33416-4646

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE 5.5 %
[ ] None

TERM (Months/Years) 30 YRS

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

[ ] Guarantor, if applicable

**Comments:** _____

1'-13-14 1:31 RCVD

# SCHEDULE B
## Interests in Real Property
(Including Rental Income)

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name: JESS G ORTIZ

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
280 LANGFORD AVE

CITY
ARVIN CA 93203

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

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

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [x] $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.
- [x] None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
294 LANGFORD AVE

CITY
ARVIN CA 93203

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST
- [ ] Ownership/Deed of Trust
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BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% [ ] None

TERM (Months/Years)

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- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

[ ] Guarantor, if applicable

**Comments:**