CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

Date Initial Filing Received
Official Use Only

RECEIVED
JAN 29 2015
CITY OF ARTESIA

RECEIVED
15 APR -1 PM 2:29
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Taj	Ali	SAJJAD

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Artesia City Council

Division, Board, Department, District, if applicable

Your Position
Councilmember

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Artesia
- ☐ 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 ____/____/_____

☐ **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:*** _____

- ☑ **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]

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

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

Date Signed 01/29/2015
(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: ALI SAJJAD TAJ

► NAME OF BUSINESS ENTITY: T. D. AMERITRADE

GENERAL DESCRIPTION OF THIS BUSINESS: BROKRAGE A/C and IRA

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

NATURE OF INVESTMENT
- [x] 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: CHICKING/SAVING ACCOUNT

GENERAL DESCRIPTION OF THIS BUSINESS: CHASE BANK

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $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: MILLENIUM TRUST

GENERAL DESCRIPTION OF THIS BUSINESS: IRA

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

NATURE OF INVESTMENT
- [x] 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: _____

GENERAL DESCRIPTION OF THIS BUSINESS: TALEY & CO

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

NATURE OF INVESTMENT
- [x] 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: _____

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

► 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: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: ALI SAJJAD TAJ.

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: WINCHESTER ADVISORS

ADDRESS (Business Address Acceptable): 52 MULLIGAN LANE

BUSINESS ACTIVITY, IF ANY, OF SOURCE: IRVINGTON, NY. 10533-1106

YOUR BUSINESS POSITION: CONSULTANT/FINANCIAL ADVISOR

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 (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 1099 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: CITY OF ARTESIA

ADDRESS (Business Address Acceptable): 18747 CLARKDALE AVE

BUSINESS ACTIVITY, IF ANY, OF SOURCE: ARTESIA CA 90701.

YOUR BUSINESS POSITION: COUNCIL MEMBER -

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)
- [ ] 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ali Sajjad Taj

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Richard Watson & Gershon
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/01/2014	$ 53 84/100	Holiday Basket
/ /	$	
/ /	$	

► 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)*: Contract Cities Dinner
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /2014	$ 146 68/100	Dinner.
/ /	$	
/ /	$	

► 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: