California Form 700

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER

(LAST) ROMERO

(FIRST) ALICIA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF BELL

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER

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

Successor Agency

BELL PLANNING COMMISSION

Board member

Position: COMMISSIONER

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

☐ State

☐ Multi-County

☒ City of BELL

☐ 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.

☐ 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.

☐ Assuming Office: Date assumed / / 

☐ 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 C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

(Business or Agency Address Recommended - Public Document)

6330 Pine Avenue

CITY

Bell

STATE

CA

ZIP CODE

90201

DAYTIME TELEPHONE NUMBER

(323) 588-6211

E-MAIL ADDRESS

aromero@cityofbell.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/1/15

(month, day, year)

Signature

(Authorized filer)

FPPC Form 700 (2014/2015)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov