CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
Quintana

(LAST) Ana Maria

(FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Bell

Division, Board, Department, District, if applicable
Your Position
Council Member

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

Agency: City Council
Position: Planning Commissioner

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

☐ State
☐ Multi-County __________________________
☑ City of Bell __________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☑ County of Los Angeles __________________________

☐ 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 _____/____/_______

☐ 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: 6

☐ 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. Verification

MAILING ADDRESS 6330 Pine Avenue
(Business or Agency Address Recommended - Public Document)

STREET Bell

CITY CA

STATE 90201

ZIP CODE

DAYTIME TELEPHONE NUMBER (323) 588-6211

E-MAIL ADDRESS

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 04/01/2015

Signature

(For the originally signed statement with your filing official)
## SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>NAME OF SOURCE (Not an Acronym)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Irma Moisa Rodriguez</strong></td>
<td><strong>Isabel Birrueta</strong></td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>12800 Center Ct. Dr. Ste 300 Cerritos, CA. 90706</td>
<td>1100 S. Flower St. Ste. 2200 Los Angeles, CA. 90015</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>DATE (mm/dd/yyyy)</td>
<td>VALUE</td>
</tr>
<tr>
<td>01 / 07 / 14</td>
<td>$ 20.00</td>
</tr>
<tr>
<td>03 / 2 / 14</td>
<td>$ 85.55</td>
</tr>
<tr>
<td>DATE (mm/dd/yyyy)</td>
<td>VALUE</td>
</tr>
<tr>
<td>05 / 01 / 14</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>07 / 16 / 14</td>
<td>$ 15.00</td>
</tr>
<tr>
<td>10 / 27 / 14</td>
<td>$ 15.00</td>
</tr>
<tr>
<td>DATE (mm/dd/yyyy)</td>
<td>VALUE</td>
</tr>
<tr>
<td>05 / 01 / 14</td>
<td>$ 15.00</td>
</tr>
<tr>
<td>05 / 01 / 14</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>DATE (mm/dd/yyyy)</td>
<td>VALUE</td>
</tr>
<tr>
<td>05 / 01 / 14</td>
<td>$ 15.00</td>
</tr>
<tr>
<td>07 / 01 / 14</td>
<td>$ 40.00</td>
</tr>
</tbody>
</table>

**Comments:**

---

FFPC Form 700 (2014/2015) Sch. D
FFPC Advice Email: advice@ffpc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov
### SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>DESCRIPTION OF GIFT(S)</th>
<th>VALUE</th>
<th>DATE (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacob Mojarro</td>
<td>Starbucks Gift Card</td>
<td>$30.00</td>
<td>05/01/14</td>
</tr>
<tr>
<td></td>
<td>Dinner</td>
<td>$50.00</td>
<td>05/01/14</td>
</tr>
<tr>
<td>Ibeth Carcamo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arsen and Nick Sarkisian (NASA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rodrigo Vazquez</td>
<td>Mex Am Bar Assoc Gala:</td>
<td>$150.00</td>
<td>06/14/14</td>
</tr>
<tr>
<td></td>
<td>Latina Lawyers Gala:</td>
<td>$150.00</td>
<td>10/17/14</td>
</tr>
<tr>
<td>Alshire &amp; Wynder, LLP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiker Consulting Group (Ken &amp; Adam Spiker)</td>
<td>Lunch</td>
<td>$15.00</td>
<td>07/31/14</td>
</tr>
<tr>
<td></td>
<td>Dinner</td>
<td>$115.15</td>
<td>09/04/14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

---

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

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salvador Colin</td>
<td>Roma Norte, Ciudad de Mexico C.P. 06700 Mexico</td>
<td></td>
<td>10/21/14</td>
<td>$100.00</td>
<td>Painting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ____________________________
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 $400 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym)
League of California Cities
ADDRESS (Business Address Acceptable)
1400 K Street
CITY AND STATE
Sacramento, CA. 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Advocacy for cities and their residents.

DATE(S): 1/1/2023 AMT: $3,150.68
(TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description Travel, meal and lodging for volunteer services as a member of the League board of directors.

NAME OF SOURCE (Not an Acronym)
California Contract Cities Association
ADDRESS (Business Address Acceptable)
11027 Downey Ave.
CITY AND STATE
Downey, CA. 90241
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Advocacy for cities and their residents.

DATE(S): 1/1/2023 AMT: $324.65
(TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

NAME OF SOURCE (Not an Acronym)
League of California Cities
ADDRESS (Business Address Acceptable)
1400 K Street
CITY AND STATE
Sacramento, CA. 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Advocacy for cities and their residents.

DATE(S): 1/1/2023 AMT: $134.15
(TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description Meals for volunteer services as a member of a League Policy Committee.

NAME OF SOURCE (Not an Acronym)
East Yard Communities for Environmental Justice
ADDRESS (Business Address Acceptable)
2317 A. Atlantic Blvd.
CITY AND STATE
Commerce, CA. 90040
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 1/1/2023 AMT: $0.00
(TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

________________________________________

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

Latinas Represent

ADDRESS (Business Address Acceptable)
815 16th St. NW 3rd Floor
CITY AND STATE
Washington, DC. 20006

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/___ - __/__/___ AMT: $ ____________ (If gift)

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): __/__/___ - __/__/___ AMT: $ ____________ (If gift)

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): __/__/___ - __/__/___ AMT: $ ____________ (If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

| Comments: |