STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
VALENCIA NESTOR ENRIQUE

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
Agency: BELL PLANNING COMMISSION
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 __/__/____
- or -
The period covered is __/__/____, through December 31, 2014.
□ Asssuming Office: Date assumed __/__/____
□ 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.”
□ 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

☑ None - No reportable interests on any schedule

Total number of pages including this cover page: __

5. Verification
MAILING ADDRESS
STREET
(City or Agency Address Recommended - Public Document)
6330 Pine Avenue
BELL
CA 90201

DAYTIME TELEPHONE NUMBER
(323) 586-6211

E-MAIL ADDRESS
rvalencia@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 3/31/2015
Signature

(Place the originally signed statement with your filing)

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