

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

17 APR - 6 PM 3:15

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Perez Victor Manuel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Coachella

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: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Coachella Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2016, through December 31, 2016.
-or-
The period covered is _____, through December 31, 2016.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/_____
(Check one)
 The period covered is January 1, 2016, through the date of leaving office.
-or-
 The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- 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]

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 information provided is true and correct.

Date Signed 4-1-2017
(month, day, year)

Signature _____
(Filing official)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities Latino Caucus
 ADDRESS (Business Address Acceptable)
 770 L Street, Suite 1030 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Winter Board Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 29 / 16	\$ 86.00	Dinner
1 / 30 / 16	\$ 53.00	Lunch
1 / 30 / 16	\$ 131.00	Dinner

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities Latino Caucus
 ADDRESS (Business Address Acceptable)
 770 L Street, Suite 1030 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Annual Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 7 / 16	\$ 128.00	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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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: _____