

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Diaz Rosario

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of West Covina
Division, Board, Department, District, if applicable
District 3
Your Position
Councilwoman

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

Agency: N/A Position: N/A

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of West Covina Other _____

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

- Annual: The period covered is January 1, 2020, through December 31, 2020. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2020. The period covered is January 1, 2020, through the date of leaving office.
- Assuming Office: Date assumed 12 / 15 / 2020 The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

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

Schedules attached

- 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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1444 W. Garvey Ave. West Covina CA 91790
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[Redacted] Rosario.Diaz@westCovina.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 12/23/2020
(month, day, year)

Signature [Redacted] (your filing official.)