

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) (FIRST) 2022 MAR 24 AM 8:44
Diaz Rosario

1. Office, Agency, or Court

CITY OF WEST COVINA
CITY CLERK'S OFFICE

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: _____ Position: _____

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, 2021, through December 31, 2021.
-or- The period covered is ____/____/____, through December 31, 2021.
 Assuming Office: Date assumed ____/____/____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2021, through the date of leaving office.
-or-
 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: 2

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

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 3/16/2022 Signature _____
(month, day, year) _____ (filing official)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
 City of Pasadena, Office of the Mayor

ADDRESS *(Business Address Acceptable)*
 100 North Garfield Ave. Pasadena, CA 91109

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 95th Annual AmericaFest 4th of July Celebration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 4 / 21	500.00	4 Tickets
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____