

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

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Diaz Rosario CITY OF WEST COVINA  
CITY CLERK'S OFFICE

**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: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of West Covina
- Judge, Retired Judge, Pro Tem 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, 2022, through December 31, 2022.
- or- The period covered is \_\_\_\_\_ through December 31, 2022.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or- The period covered is \_\_\_\_\_ through the date of leaving office.

**4. Schedule Summary (required)** ▶ Total number of pages including this cover page: 1

**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. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1444 W. Garvey Ave. West Covina CA 91793  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 626 ) 543-5470 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 02/28/2023  
(month, day, year)

Signature \_\_\_\_\_