

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Briones Florencio F.

1. Office, Agency, or Court

Agency Name
El Monte Union High School District
Division, Board, Department, District, if applicable
Your Position
Member of the Board of Trustees

► If filing for multiple positions, list below or on an attachment.
See Attached.

Agency: _____ Position: _____

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

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

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.
-or-
The period covered is **12/13/2017**, through December 31, 2018.
- 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, 2018, through the date of leaving office.
 - The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

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)
3537 Johnson Avenue El Monte CA 91731
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(626) 532-7230 Fbriones@bos.lacounty.gov

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 3/27/2019 Signature E-Filed By Florencio Briones
(month, day, year) (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Please type or print in ink.

Briones	Florencio	F.
MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY
3537 Johnson Avenue	El Monte	CA
		STATE ZIP CODE
		91731
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)	
(626) 532-7230	Fbriones@bos.lacounty.gov	

1. Office, Agency, or Court

► If filing for multiple positions, list additional agency(ies)/position(s):

Agency: San Gabriel Valley Council of Governments (SGVCOG) Position: Governing Board Representative Jurisdiction: Agency's Jurisdiction

Agency: Board of Supervisors - Executive Office Position: Supervisor's Assistant Deputy I Jurisdiction: Los Angeles

Agency: _____ Position: _____ Jurisdiction: _____

Agency: _____ Position: _____ Jurisdiction: _____

Agency: _____ Position: _____ Jurisdiction: _____

Agency: _____ Position: _____ Jurisdiction: _____

Agency: _____ Position: _____ Jurisdiction: _____

Agency: _____ Position: _____ Jurisdiction: _____

Agency: _____ Position: _____ Jurisdiction: _____