

Please type or print in ink.

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

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.

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City 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.
- 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.
- Assuming Office:** Date assumed _____
- 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 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) 602-5064 david.diaz@emuhsd.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 3/25/2019 Signature _____
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: right; margin-right: 50px;">David Diaz</div>

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*
National Association of Latino and Appointed Elect
 ADDRESS *(Business Address Acceptable)*
1122 W. Washington Blvd., 3rd. Floor
 CITY AND STATE
Los Angeles, CA 90015
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11/15/2018 - 11/18/2018 AMT: \$ 1526
(If gift)

▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Scholarship to attend the NALEO Biennial National Institute for Newly Elected Officials.

▶ If Gift, Provide Travel Destination Washington DC

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____
