

COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hodge Bill

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Calexico

Division, Board, Department, District, if applicable

Your Position

City Council Member

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

Agency: SEE ATTACHED LIST

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 Calexico

Other _____

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

Annual: The period covered is January 1, 2019, through
December 31, 2019.

Leaving Office: Date Left 12 / 10 / 2020
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2019.

The period covered is January 1, 2019, through the date of
leaving office.

-or-

Assuming Office: Date assumed ____/____/____

The period covered is 01 / 01 / 2020, 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)

608 Heber Ave Calexico CA 92231-2840

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(760) 768-2102 billhodge1@gmail.com

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 12/15/2020 02:17 PM
(month, day, year)

Signature Electronic Submission
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Bill Hodge</u>

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Southern CA Assn. of Governments		Policy Committee (CEHD)	SEE BELOW	Leaving	01/01/20 - 12/10/20

DESCRIPTION OF JURISDICTION

Agency: [Southern CA Assn. of Governments](#)
Jurisdiction Type: [Multi-county](#)
Description: [Multi-county Imperial, Los Angeles, Orange, Riverside, San Bernardino, Ventura](#)