CALIFORNIA	FORM 700 STATE	EMENT OF ECONOMIC INTE COVER PAGE	RESTS Date Initial Filing Received Filing Official Use Only			
		A PUBLIC DOCUMENT	Filed Date: 03/30/2025 08:16 PM SAN: FPPC			
Please type or print			(MIDDLE)			
Gonzalez	, (Fiks) Erlan					
1. Office, Agen	•					
	Do not use acronyms)					
City of Morer	Department, District, if applicable	Your Position				
Division, Doard, E	repartment, District, ir applicable					
		City/Town Cour	ncil Member			
► If filing for multiple	tiple positions, list below or on an attachme	ent. (Do not use acronyms)				
Agency: SEE A	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	County of			
City of Mor	eno Valley					
3. Type of Stat	ement (Check at least one box)					
De	e period covered is January 1, 202 4, throug cember 31, 202 4.		Date Left//(Check one circle below.)			
	e period covered is <u>12 / 10 / 202</u> cember 31, 202 4.	4, through	rered is January 1, 202 4, through the date of			
Assuming C	Assuming Office: Date assumed// The period covered is/, the date of leaving office.					
Candidate:	Date of Election ar	nd office sought, if different than Part 1:				
4. Schedule Su Schedules		otal number of pages including thi				
Schedule	ns, & Business Positions – schedule attached					
	A-2 - Investments – schedule attached		Schedule D - Income – Gifts – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached			
	B - Real Property – schedule attached		ns – maver r dyments – schedule attached			
	 No reportable interests on any sc. 	hedule				
5. Verification						
MAILING ADDRESS (Business or Agency)	STREET Address Recommended - Public Document)	CITY	STATE ZIP CODE			
DAYTIME TELEPHON	IE NUMBER	EMAIL ADDRESS				
	asonable diligence in preparing this stateme v attached schedules is true and complete.		best of my knowledge the information contained			
-		State of California that the foregoing is tru	e and correct.			
Date Signed	03/30/2025 08:16 PM	Signature				
	(month, day, year)	(File the original	ally signed paper statement with your filing official.)			

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT



Erlan Gonzalez

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
City of Moreno Valley		Planning Commissioner	City of Moreno Valley	Annual	01/01/24 - 12/05/24

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Erlan Gonzalez

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Mexico en Mi Alma	
Name 28834 McAbee Avenue	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 It Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
selling of mexican artisan handcrafted products (bags, purses)	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
× \$0 - \$1,999 \$2,000 - \$10,000/_ <u>24</u> / <u>24</u>	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
S100,001 - \$1,000,000	□ \$100,001 - \$1,000,000 □ Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole Proprietorship	Partnership Sole Proprietorship
YOUR BUSINESS POSITION SPOUSE	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	 ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE FOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME RECEIVED (INCLUDE FOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
× \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000	S500 - \$1,000 OVER \$100,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
▲ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
INVESTMENT REAL PROPERTY	
Neme of Dusinger Fatily, if Investment, or	Name of Ducineers Entity if Investment or
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Rusinges Activity or	Description of Rusinger Activity or
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
└ Over \$1,000,000 NATURE OF INTEREST	Over \$1,000,000
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached