

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kang Samuel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Duarte
Division, Board, Department, District, if applicable
City Council
Your Position
Mayor

► 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 Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Duarte Other _____

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

Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____, through December 31, 2015.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 7

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)
1600 Huntington Drive Duarte CA 91010
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(626) 234-3838 Kangs@accessduarte.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 3/30/16
(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Samuel Kang

▶ NAME OF BUSINESS ENTITY
UnitedHealthgroup

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS
Bank

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AMD

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Facebook

GENERAL DESCRIPTION OF THIS BUSINESS
social media

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Alibaba Group

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Burrtec Waste Management

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trash, waste management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 18 / 15	\$ 100.00	2Tickets to Fontana 400
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

Name

Samuel Kang

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

- 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. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Hebei Province Commerce Bureau

ADDRESS (Business Address Acceptable)

CITY AND STATE
Beijing, China

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

DATE(S): 11 / 13 / 15 - ____/____/____ AMT: \$ 225.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Grand Concordia Hotel, Beijing, China

▶ NAME OF SOURCE (Not an Acronym)
Shijiazhuang Municipal People's Government

ADDRESS (Business Address Acceptable)

CITY AND STATE
Shijiazhuang, China

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

DATE(S): 11 / 14 / 15 - ____/____/____ AMT: \$ 193.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Ya Tai Hotel, Shijiazhuang, China

▶ NAME OF SOURCE (Not an Acronym)
Pingshan County Peoples Government

ADDRESS (Business Address Acceptable)

CITY AND STATE
Pingshan, China

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

DATE(S): 11 / 15 / 15 - ____/____/____ AMT: \$ 185.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Hong Wan Hotel, Pingshan, China

▶ NAME OF SOURCE (Not an Acronym)
Tangshan County Peoples Government

ADDRESS (Business Address Acceptable)

CITY AND STATE
Tangshan, China

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

DATE(S): 11 / 16 / 15 - ____/____/____ AMT: \$ 240.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Shangri-La Hotel, Tangshan, China

Comments: Purpose of trip was to participate in municipal conferences about economic development opportunities, to improve business cooperation, to help create jobs, to increase economic activity, while decreasing carbon emissions, including detailed discussions on advancing clean air technologies.

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
Samuel Kang

- 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. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Qian'an Municipal Commerce Bureau
 ADDRESS (Business Address Acceptable)

 CITY AND STATE
Qian'an City, China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government
 DATE(S): 11 / 17 / 15 - ____/____/____ AMT: \$ 230.00
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____
Jin Jiang Hotel, Qian'an City, China

▶ NAME OF SOURCE (Not an Acronym)
Quinhuangdao Municipal People's Government
 ADDRESS (Business Address Acceptable)

 CITY AND STATE
Quinhuangdao, China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government
 DATE(S): 11 / 18 / 15 - ____/____/____ AMT: \$ 220.00
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____
Grand Hotel, Quinhuangdao, China

▶ NAME OF SOURCE (Not an Acronym)
China Low-Carbon Industry Council
 ADDRESS (Business Address Acceptable)

 CITY AND STATE
Beijing, China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government
 DATE(S): 11 / 19 / 15 - ____/____/____ AMT: \$ 185.00
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____
Broadtec Hotel, Beijing, China

▶ NAME OF SOURCE (Not an Acronym)
China Low-Carbon Industry Council
 ADDRESS (Business Address Acceptable)

 CITY AND STATE
Beijing, China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government
 DATE(S): 11 / 13 / 15 - 11 / 19 / 15 AMT: \$ 300.00
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____
transportation from city to city by van

Comments: _____