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MAR 30 2016

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Fasana (FIRST) John (MIDDLE) CITY OF DUARTE R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Duarte

Division, Board, Department, District, if applicable

Your Position

Councilmember

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

Agency: See Attachment

Position: See Attachment

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of Los Angeles

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.

Leaving Office: Date Left ____/____/____ (Check one)

-or-

The period covered is ____/____/____, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

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) 357-7931 fasana@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 March 30, 2016
(month, day, year)

Signature [Handwritten 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
John Fasana

▶ NAME OF BUSINESS ENTITY
Edison International

GENERAL DESCRIPTION OF THIS BUSINESS
Utility Holding Company

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

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
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(Describe)
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IF APPLICABLE, LIST DATE:
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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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 \$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 C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name John Fasana

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Southern California Edison

ADDRESS *(Business Address Acceptable)*
2244 Walnut Grove Avenue, Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electric Utility

YOUR BUSINESS POSITION
Project Manager

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

NAME OF SOURCE OF INCOME
Southern California Edison

ADDRESS *(Business Address Acceptable)*
P O Box 800, Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electric Utility

YOUR BUSINESS POSITION
Retiree

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other Pension _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS *(Business Address Acceptable)* _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address _____
City _____

Guarantor _____

Other _____
(Describe)

Comments: _____

John Fasana

Attachment to Form 700 – Annual Statement – 2015 – Filed March 30, 2016

(Item #1 - Expanded Statement)

Los Angeles County Metropolitan Transportation Authority- Director

San Gabriel Valley Council of Governments - Board Member

Southern California Joint Powers Insurance Authority - Alternate Board Member

Metro Gold Line Foothill Extension Construction Authority- Board Member

Oversight Board to the Successor Agency to the Dissolved Redevelopment Agency of the City of Duarte - Board Member

ADDENDUM 1 – COVER SHEET
STATEMENT OF ECONOMIC INTERESTS
FOR
MTA BOARD MEMBERS

Form 700



John Fasana (626) 357-7931
NAME TELEPHONE NUMBER

1600 Huntington Drive Duarte 91010
ADDRESS CITY ZIP CODE

SCHEDULE SUMMARY

During the reporting period, did you have any additional reportable interests outside of Los Angeles County to disclose on the following addenda schedules:

- Addendum 2 No Yes – attach addendum
- Addendum 3 No Yes – attach addendum
- Addendum 4 No Yes – attach addendum
- Addendum 5 No Yes – attach addendum
- Addendum 6 No Yes – attach addendum
- Addendum 7 No Yes – attach addendum

Number of pages attached: 1 OR None (No reportable interests)
(Including Addendum 1 Cover Sheet)

VERIFICATION

I have used all reasonable diligence in preparing these addenda. I have reviewed the addenda and to the best of my knowledge, the information contained herein and in the attached pages is true and correct.

Executed on March 30, 2016 at Duarte CA
City State

Signature: John R Fasana