



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

CITY OF DUARTE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
PARAS - CARACCI TZEITEL RUSSEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY COUNCIL COUNCILMEMBER  
Your Position  
Division, Board, Department, District, if applicable CITY OF DUARTE

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
Agency: Foothill Transit Governing Board Position: Board Member  
Gold Line TPIA Alternate

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.  
-or- The period covered is \_\_\_\_\_, through December 31, 2015.  
 Assuming Office: Date assumed \_\_\_\_\_  
 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.  
 Candidate: Election year \_\_\_\_\_ 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)  
2529 Elda Street Duarte CA 91010  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(626) 397-3855 parast@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 3/31/2016 Signature [Signature]  
(month, day, year) (File the originally signed statement with your filing official.)

