

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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MAR 30 2016

CITY OF DUARTE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Reilly Liz

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Duarte, Gold Line Phase II Joint Powers Authority,
 Division, Board, Department, District, if applicable Your Position
 Duarte City Council, Board of Directors Member of the City Council, Director

► 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 Los Angeles and San Bernardino 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: 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) 253-6600 reillyl@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 03/28/2016
 (month, day, year)

Signature Liz Reilly
 (File the originally signed statement with your filing official.)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Liz Reilly

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

 Duarte Unified School District

ADDRESS (Business Address Acceptable)

 1500 Huntington Drive, Duarte, CA 91010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

 education

YOUR BUSINESS POSITION

 RSP Instructional Aide

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)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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)

▶ 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 TERM (Months/Years)

_____% None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

Comments: _____

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

Name
Liz Reilly

- 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)
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)
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)
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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Liz Reilly

- 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: _____

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

Name
 Liz Reilly

- 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)
 Burrtec Waste Services

ADDRESS (Business Address Acceptable)
 P O Box1026

CITY AND STATE
 Duarte, Ca 91010

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

DATE(S): 05 / 14 / 15 - / / AMT: \$ 200.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Dinner

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
 Water Education for Latino Leaders

ADDRESS (Business Address Acceptable)
 930 Colorado Bl. Bldg 2

CITY AND STATE
 Pasadena, Ca 90041

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

DATE(S): 03 / 05 / 15 - 03 / 06 / 15 AMT: \$ 520.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Learn about Salton Sea, small community challenges during the drought

▶ If Gift, Provide Travel Destination _____
Salton Sea in California

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): 10 / / - / / AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____