CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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CITY OF DUARTE

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FAIR POLITICAL
PRACTICES COMMISSION
2013 APR -5 AM 11:36

Please type or print in ink.

NAME OF FILER (LAST) REYES (FIRST) PHILLIP (MIDDLE) ROBERT

1. Office, Agency, or Court

Agency Name: CITY OF DUARTE
Division, Board, Department, District, if applicable
Your Position: COUNCILPERSON

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of DUARTE
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is ___/___/_____, through December 31, 2012.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Leaving Office:** Date Left ___/___/_____
(Check one)
○ The period covered is January 1, 2012, through the date of leaving office.
○ The period covered is ___/___/_____, through the date of leaving office.

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

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 5

- ☐ **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

[redacted]

Date Signed 2 APRIL 2013
(month, day, year)

[redacted]

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: PHIL REYES

1. BUSINESS ENTITY OR TRUST

Name: PHIL REYES & ASSOCIATES

Address (Business Address Acceptable): 2918 REEFER, DUARTE CA 91010

Check one
- [ ] Trust, go to 2
- [x] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: PUBLIC AFFAIRS

FAIR MARKET VALUE
- [ ] $0 - $1,999
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INVESTMENT
- [ ] Partnership
- [x] Sole Proprietorship
- [ ] ____ Other

YOUR BUSINESS POSITION: OWNER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)
- [ ] None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
- [ ] INVESTMENT
- [ ] REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INTEREST
- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership
- [ ] Leasehold ____ Yrs. remaining
- [ ] Other ____

- [ ] Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

Name:

Address (Business Address Acceptable):

Check one
- [ ] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

FAIR MARKET VALUE
- [ ] $0 - $1,999
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INVESTMENT
- [ ] Partnership
- [ ] Sole Proprietorship
- [ ] ____ Other

YOUR BUSINESS POSITION:

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)
- [ ] None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
- [ ] INVESTMENT
- [ ] REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INTEREST
- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership
- [ ] Leasehold ____ Yrs. remaining
- [ ] Other ____

- [ ] Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name PHIL REYES

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
PHIL REYES & ASSOC

ADDRESS *(Business Address Acceptable)*
PUBLIC AFFAIRS

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2918 TREEPORN, DONATE

YOUR BUSINESS POSITION
OWNER

GROSS INCOME RECEIVED
- [x] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of N/A *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
  N/A
- [ ] 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
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] 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
_____% [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*
  _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name PAUL REYCE

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
BURTECC WASTE SERVICES
ADDRESS *(Business Address Acceptable)*
PO BOX 1026 DUARTE, CA 91009
BUSINESS ACTIVITY, IF ANY, OF SOURCE
WASTE MANAGEMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/18/12	$ 410	DINNER/GOLF WIFE/GRANDDAUGHTER
__/__/__	$	
__/__/__	$	

► 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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: PHIL REYES

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

- **You must 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 $440 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE *(Not an Acronym)*
NATIONAL ASSOC OF LATINO ELECTED
ADDRESS *(Business Address Acceptable)*
1122 W. WASHINGTON
CITY AND STATE
LOS ANGELES
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
NATIONAL POLICY INSTITUTE ON HEALTH
DATE(S): 2/24/12 - 2/26/12 *(If gift)* AMT: $ 778
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
WELLNESS, HEALTH, CHILD OBESITY

► NAME OF SOURCE *(Not an Acronym)* YUEXIU DISTRICT
GUANGZHOU MUNICIPALITY
ADDRESS *(Business Address Acceptable)*
14TH NO 11, ZHONGSHAN ROAD
CITY AND STATE
YUEXIU DIST. GUANGZHOU CHINA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): 11/16/12 - 11/22/12 *(If gift)* AMT: $ 2717.83
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
DISCUSSED FRIENDSHIP CITY AND MET WITH AMERICAN EMBASSEY

► NAME OF SOURCE *(Not an Acronym)*
NATIONAL ASSOC OF LATINO ELECTED
ADDRESS *(Business Address Acceptable)*
1122 W WASHINGTON
CITY AND STATE
LOS ANGELES
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
NATIONAL POLICY INSTITUTE ON HEALTH
DATE(S): 4/20/12 - 4/22/12 *(If gift)* AMT: $ 1268.46
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
WELLNESS, HEALTH, CHILD OBESITY

► NAME OF SOURCE *(Not an Acronym)* LEAGUE OF CALIFORNIA CITIES LATINO CAUCUS
ADDRESS *(Business Address Acceptable)*
770 L. STREET. #1030
CITY AND STATE
SACRAMENTO CALIFORNIA, 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
FELLOWSHIP
DATE(S): 7/9/12 - 7/27/12 *(If gift)* AMT: $ 11,700
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
HARVARD KENNEDY EX LEADERSHIP PROGRAM

Comments: