

STATEMENT OF ECONOMIC INTERESTS

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POLITICAL PRACTICES COMMISSION
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COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
QUINTERO ANDRE

1. Office, Agency, or Court

Agency Name
CITY OF EL MONTE
Division, Board, Department, District, if applicable
EL MONTE CITY COUNCIL
Your Position
MAYOR

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

Agency: See attachment Position: _____

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

- State
- Multi-County _____
- City of EL MONTE
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of LOS ANGELES
- Other _____

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

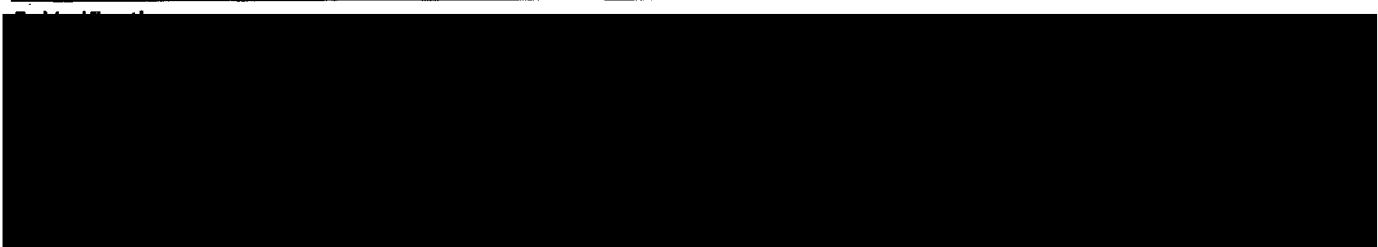
- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is ____/____/____, through December 31, 2012.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** 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.

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



I certify under penalty of perjury under the laws of the State of California that the information provided herein and in any attached schedules is true and complete.

Date Signed April 1, 2013
(month, day, year)

SCHEDULE D
Income - Gifts

Name
Andre Quintero

▶ NAME OF SOURCE (Not an Acronym)
AMERICAN RECLAMATION

ADDRESS (Business Address Acceptable)
4560 DORAN ST, LOS ANGELES, CA 90039

BUSINESS ACTIVITY, IF ANY, OF SOURCE
WASTE DISPOSAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 07 / 12	\$ 75.00	TEQUILA GIFT PACK
12 / 07 / 12	\$ 25.00	CHILDREN'S PUZZLE
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Andre Quintero

- 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)
 CA CENTER FOR PUBLIC HEALTH ADVOCACY

ADDRESS (Business Address Acceptable)
 PO BOX 2309

CITY AND STATE
 DAVIS, CA 95617

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 NON-PROFIT HEALTH ADVOCACY

DATE(S): 06/06/12 - 06/08/12 AMT: \$ 1,436.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
TRAVEL/HOTEL/CONFERENCE REGISTRATION

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

ANDRE QUINTERO: FORM 700: STATEMENT OF ECONOMIC INTERESTS

Other Agencies:

- 1) City of Los Angeles
- 2) City of El Monte
- 3) El Monte Community Redevelopment Agency
- 4) El Monte Housing Authority Agency
- 5) El Monte Water Authority Agency
- 6) El Monte Public Financing Authority Agency
- 7) Los Angeles County Sanitation District No. 15
- 8) San Gabriel Valley Mosquito & Vector Control District
- 9) (ACE) Alameda Corridor East Gateway to America Construction Authority
- 10) (SCAG) Southern California Association of Governments
- 11) Oversight Board to the Successor Agency