

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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. (Do not use acronyms)

Agency: SEE ATTACHED LISTING

Position:

RECEIVED
CITY CLERK'S OFFICE
2016 MAR 31 A 7 19

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of LOS ANGELES

City of EL MONTE

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-

The period covered is _____ through the date of leaving office.

Assuming Office: Date assumed _____

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

4. Schedule Summary (must complete)

▶ Total number of pages including this cover page: 4

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

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that t

Date Signed

3/30/16
(month, day, year)

Signature

SECRET

SCHEDULE D
Income – Gifts

Name
ANDRE QUINTERO

▶ NAME OF SOURCE (Not an Acronym)
IBEW - NECA Labor Cooperation Cnt

ADDRESS (Business Address Acceptable)
297 N. Marengo Ave, Pasadena 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11, 14, 15	\$ 102.00	1 UCLA FB TICKET
11, 14, 15	\$ 30.00	FOOTBALL JERSEY
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
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___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____

ATTACHED SHEET FOR
STATEMENT OF ECONOMIC INTERESTS FORM 700
COVERING TIME PERIOD
JANUARY 1, 2015 – DECEMBER 31, 2015
FOR
ANDRE QUINTERO

- 1) CITY OF EL MONTE/ MAYOR
 - a. EL MONTE PUBLIC FINANCING AGENCY/ CHAIRMAN
 - b. EL MONTE PUBLIC FACILITIES CORPORATION/ CHAIRMAN
 - c. EL MONTE HOUSING AUTHORITY AGENCY/ CHAIRMAN
 - d. EL MONTE WATER AUTHORITY AGENCY/ CHAIRMAN
 - e. OVERSIGHT BOARD TO THE SUCCESSOR AGENCY TO THE DISSOLVED EL MONTE COMMUNITY REDEVELOPMENT AGENCY OF THE CITY OF EL MONTE/ CHAIRMAN
- 2) CITY OF LOS ANGELES/ DEPUTY CITY ATTORNEY
- 3) LOS ANGELES COUNTY SANITATION DISTRICT NO. 15/ DELEGATE BOARD MEMBER
- 4) SAN GABRIEL VALLEY MOSQUITO & VECTOR CONTROL DISTRICT/ DELEGATE BOARD MEMBER