

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
DEVINE	PAULA	KAY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF GLENDALE

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

MEMBER

► 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 \_\_\_\_\_

County of \_\_\_\_\_

City of GLENDALE

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2016, 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: \_\_\_\_\_

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.

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 02/22/2017  
(month, day, year)

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>PAULA DEVINE</b>
--

▶ NAME OF BUSINESS ENTITY  
**TIME WARNER**

GENERAL DESCRIPTION OF THIS BUSINESS  
**COMMUNICATIONS**

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**GENERAL ELECTRIC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**VARIOUS INDUSTRIES**

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**BRITISH PETROLEUM**

GENERAL DESCRIPTION OF THIS BUSINESS  
**OIL**

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**DUPONT**

GENERAL DESCRIPTION OF THIS BUSINESS  
**VARIOUS INDUSTRIES**

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**CHARTER COMMUNICATIONS**

GENERAL DESCRIPTION OF THIS BUSINESS  
**COMMUNICATIONS**

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **16**  
 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**HOMENETMEN - ARMOND GORGORIAN**

ADDRESS (Business Address Acceptable)  
**3347 N. SAN FERNANDO ROAD, LA, CA 90065**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ARMENIAN GENERAL ATHELETIC UNION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 8 / 16	\$ 100	FLOWERS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**QUEST REALTY GROUP**

ADDRESS (Business Address Acceptable)  
**1407-13 W. KENNETH ROAD, GLENDALE 91201**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**REAL ESTATE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 8 / 16	\$ 150	FLOWERS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**DIGNITY HEALTH - GLENDALE MEMORIAL HOSP.**

ADDRESS (Business Address Acceptable)  
**1429 S. CENTRAL AVE., GLENDALE 91204**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**HOSPITAL**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 8 / 16	\$ 125	FLOWERS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**EDEN BURGER RESTAURANT**

ADDRESS (Business Address Acceptable)  
**214 N. BRAND BLVD. GLENDALE 91204**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**RESTAURANT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 7 / 16	\$ 64	DINNER
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**WARNER BROS. STUDIOS**

ADDRESS (Business Address Acceptable)  
**4000 WARNER BLVD. BURBANK 91522**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**MOVIE STUDIO**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 10 / 16	\$ 47	MOVIE TICKETS
9 / 7 / 16	\$ 47	MOVIE TICKETS
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**GLENDALE ADVENTIST HEALTH CARE FOUNDATI**

ADDRESS (Business Address Acceptable)  
**1509 WILSON TERRACE, GLENDALE CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**FUNDRAISING FOR HOSPITAL**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 29 / 16	\$ 130	THEATER TICKETS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_