

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

2011 MAR 22 P 2:22

Please type or print in ink.

11 APR -1 AM 11:48

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hanks Keith Wallace

1. Office, Agency, or Court

Agency Name
City of Azusa
Division, Board, Department, District, if applicable Administration Your Position
City Council Member

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

Agency: See Attached List Position: See Attached List

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

State Judge (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Azusa Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or- Leaving Office: Date Left ____/____/____
The period covered is ____/____/____, through December 31, 2010. (Check one)
 Assuming Office: Date ____/____/____ The period covered is January 1, 2010, through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____ 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: 3

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

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

Date Signed 3-22-2011
(month, day, year)

Signature

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE *Government Affairs office*
Southern California Public Power Authority

ADDRESS (Business Address Acceptable) *Pasadena, CA*
225 S. Lake Ave # 1250 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE *our electric Advocacy & Association*

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>2/22/10</i>	<i>\$ 124</i>	<i>meal - self + wife at congressional Rally</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

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

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

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

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

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

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

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

▶ NAME OF SOURCE _____

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 _____ _____ _____

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE
 Centre for Expertise and Research on Infrastructures
 ADDRESS (Business Address Acceptable)
 1255, rue University, bureau 800
 CITY AND STATE
 Montreal (Quebec) H3B 3W3, Canada
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1,853.63CAD
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: INFRA Conference fee, made formal presentation

▶ NAME OF SOURCE
 in Urban Areas (CERIU)
 ADDRESS (Business Address Acceptable)
 Same
 CITY AND STATE
 Same
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 617.19USD
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Air travel to INFRA conference, made formal presentation

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

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

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

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

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

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

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____

**AZUSA COUNCILMEMBER
KEITH HANKS
STATEMENT OF ECONOMIC INTEREST FILINGS**

1. **FOOTHILL TRANSIT
JOINT POWERS AUTHORITY**
100 S. Vincent, Suite 200
West Covina, California 91790
Director

2. **LOS ANGELES COUNTY SANITATION DISTRICT**
#22 1955 Workman Mill Road, Whittier 90601
Director

3. **SOUTHERN CALIFORNIA ASSOCIATION OF
GOVERNMENTS**, 818 West Seventh Street, 12th Floor, Los
Angeles, Calif. 90017
Regional Council Member/Committee Chair

4. **GOLD LINE II JOINT CONSTRUCTION
AUTHORITY**, 406 E. Huntington Drive, Suite 202,
Monrovia, CA 91016-3633
Board Member

5. **CITY OF SOUTH PASADENA**, City Clerks Office –
Attention Tess, 1414 Mission Street, So. Pasadena, 91030
Representative Gold Line Construction Authority

6. **COUNCILMEMBER OF CITY OF AZUSA**

Updated February 9, 2011