

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

RECEIVED

Date Received  
Official Use Only  
MAR 22 2011

CITY OF HIGHLAND  
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
McCALLON LARRY KEITH

1. Office, Agency, or Court

Agency Name

CITY OF HIGHLAND

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL MEMBER

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

Agency: HIGHLAND REDEVELOPMENT AGENCY

Position: AGENCY MEMBER

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

State

Judge (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

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

City of HIGHLAND

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

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

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate: Election Year \_\_\_\_\_ 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 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 3/22/11  
(month, day, year)

Signature

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
11 APR -7 PM 2:52

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

Name  
**LARRY McCALLON**

▶ NAME OF BUSINESS ENTITY  
**IMMANUEL BAPTIST CHURCH**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**NON-PROFIT RELIGIOUS**

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

NATURE OF INVESTMENT **MORTGAGE BONDS**  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

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

**SCHEDULE D  
 Income – Gifts**

▶ NAME OF SOURCE  
**LEWIS OPERATING COMPANY**  
 ADDRESS (Business Address Acceptable)  
**1156 N. Mountain Ave , Upland, CA 91785**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**RESIDENTIAL & COMMERCIAL DEVELOPMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 10	\$ 10.00	BREAKFAST
11 / 9 / 10	\$ 15.00	LUNCH
/ /	\$	

▶ NAME OF SOURCE  
**ASSOCIATED ENGINEERS, INC**  
 ADDRESS (Business Address Acceptable)  
**P.O. Box 294, Highland, CA 92346**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ENGINEERING CONSULTANT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 9 / 10	\$ 15.00	LUNCH
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
**JOHN HUSING**  
 ADDRESS (Business Address Acceptable)  
**ECONOMICS & POLITICS, INC**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ECONOMIC CONSULTING**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 2 / 10	\$ 30.00	LUNCH
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
**MISSION DEVELOPMENT COMPANY**  
 ADDRESS (Business Address Acceptable)  
**308 West State Street Suite 3D, Redlands, CA 92373**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**RESIDENTIAL & COMMERCIAL DEVELOPMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 10	\$ 10.00	LUNCH
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
**SAN MANUEL BAND OF MISSION INDIANS**  
 ADDRESS (Business Address Acceptable)  
**26569 Community Center Drive Highland, CA 92346**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**INDIAN NATION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 30 / 10	\$ 35.00	LUNCH
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
**BIA OF SOUTHERN CALIFORNIA**  
 ADDRESS (Business Address Acceptable)  
**8711 Monroe Ct, Rancho Cucamonga, CA 91730**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**INDUSTRIAL ASSOCIATION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 23 / 10	\$ 15.00	LUNCH
/ /	\$	
/ /	\$	

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 LARRY McCALLON

▶ NAME OF SOURCE  
Sunland Communities, LLC  
 ADDRESS (Business Address Acceptable)  
10575 Oakdale Dr Rancho Cucamonga, CA 91730  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
LAND DEVELOPER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 1 / 10</u>	<u>\$ 15.00</u>	<u>LUNCH</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
SOUTHERN CALIFORNIA EDISON  
 ADDRESS (Business Address Acceptable)  
2244 Walnut Grove Ave Rosemead, CA 91770  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
UTILITY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 10</u>	<u>\$ 270.00</u>	<u>Clippers Game Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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

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

Name  
 LARRY McCALLON

- 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  
League of California Cities  
 ADDRESS (Business Address Acceptable)  
1400 K Street  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Advocacy for Cities & Their Residents  
 DATE(S):     /    /     - 4/9/10 AMT: \$ 34.21  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Policy Committee Meeting Lunch

▶ 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:     

▶ 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: