



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) Lilburn
FIRST Penny
CITY OF HIGHLAND
CITY CLERK Theresa

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: HOUSING AUTHORITY
Position: AGENCY MEMBER

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

- State
- Multi-County _____
- City of HIGHLAND
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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 _____
- 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.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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

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herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Date Signed 03/28/2013
(month, day, year)

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
 San Manuel Band of Mission Indians

ADDRESS *(Business Address Acceptable)*
 26569 Community Center Drive, Highland, CA 92346

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Charity Golf Tournament

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 12	\$ 125	Golf and dinner
08 / 16 / 12	\$ 100	Golf and lunch
___ / ___ / ___	\$ _____	_____

▶ 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)*
 San Bernardino Employees Safety Benefit Assoc.

ADDRESS *(Business Address Acceptable)*
 735 E. Carnegie Drive, San Bernardino, CA 92408

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Charity Golf Tournament - "Cops for Kids"

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 12	\$ 100	Golf and Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____