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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Holloway Daniel C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of La Puente

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: La Puente Successor Agency

Position: Agency Board Member

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
MAY 19 PM 1:55

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of La Puente Other _____

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

- Annual: The period covered is January 1, 2013, through December 31, 2013. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2013. The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

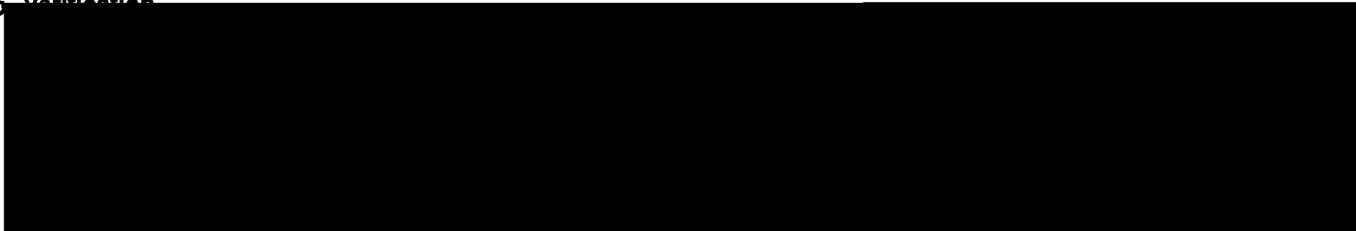
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached Schedule 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. Verification



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

Date Signed 3/13/14
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Daniel C. Holloway

▶ NAME OF SOURCE (Not an Acronym)
Valley Vista Services

ADDRESS (Business Address Acceptable)
17455 E Railroad St., City of Industry, CA 91748

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trash Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 13	\$ 85.00	Customer App. Dinner
05 / 13 / 13	\$ 85.00	Dinner for Daughter
12 / 10 / 13	\$ 48.99	Christmas Gift - Wine

▶ NAME OF SOURCE (Not an Acronym)
Presbyterian Intercommunity Health

ADDRESS (Business Address Acceptable)
12401 Washington Blvd., Whittier, CA 90602

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 02 / 13	\$ 190.00	YWCA Golf Fundraiser
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Vida & Associates

ADDRESS (Business Address Acceptable)
1055 E. Colorado Blvd., # 500, Pasasena, CA 91106

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 09 / 13	\$ 200.00	Cathedral High School
/ /	\$	Golf Fundraiser
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Joe Cervantes

ADDRESS (Business Address Acceptable)
444 S. Flower 35th Floor, Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Morgan Stanley broker/meta Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 13	\$ 250.00	meta Golf Funfraiser
/ /	\$	
/ /	\$	

▶ 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: _____