

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

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MAR 11 2014

(TN)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) CITY OF HIGHLAND (TITLE) CLERK  
McCALLON LARRY KEITH

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

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. (Do not use acronyms)

Agency: HIGHLAND HOUSING AUTHORITY

Position: MEMBER

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
14 APR - 7 AM 10:00

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

**5. Verification**

[Redacted Signature Area]

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

Date Signed 03/11/2014  
(month, day, year)

**SCHEDULE D  
Income – Gifts**

Name  
**LARRY McCALLON**

▶ NAME OF SOURCE (Not an Acronym)  
**HDR ENGINEERING, INC.**

ADDRESS (Business Address Acceptable)  
**801 S. GRAND AVE, STE 500, LA, CA 90017**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**TRANSPORTATION PLANNING**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>06 / 03 / 13</b>	<b>\$ 75.00</b>	<b>TICKETS &amp; DINNER</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**HATCH MOTT MacDONALD**

ADDRESS (Business Address Acceptable)  
**976 COUNTRY CLUB PKWY, CASTLE ROCK, CO**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**RAIL & TRANSIT PLANNING**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>06 / 02 / 13</b>	<b>\$ 75.00</b>	<b>DINNER</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>LARRY McCALLON</b>

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
**LEAGUE OF CALIFORNIA CITIES**

ADDRESS (Business Address Acceptable)  
**1400 K STREET**

CITY AND STATE  
**SACRAMENTO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
**ADVOCACY FOR CITIES**

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ **85.00**  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
**LUNCHES AT POLICY COMMITTEE MEETINGS**

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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