

CITY OF RIALTO

Please type or print in ink.

2014 APR -6 PM 3:13



2014 MAR 26 PM 3:45

NAME OF FILER (LAST) O'CONNELL (FIRST) SHAWN (MIDDLE) RECEIVED CITY CLERK

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF RIALTO
Division, Board, Department, District, if applicable
Your Position
COUNCIL MEMBER

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

Agency: _____ Position: _____

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

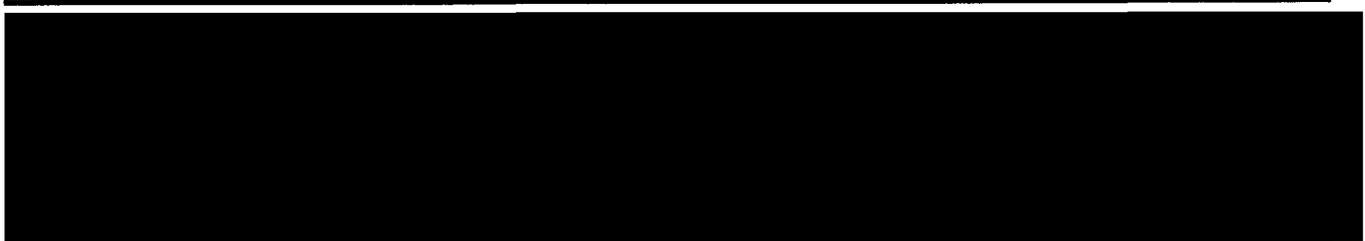
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of RIALTO Other _____

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)
- 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: 2
- 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



herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of

Date Signed 03/26/2014
(month, day, year)

**SCHEDULE D
Income – Gifts**

Name
SHAWN O'CONNELL

▶ NAME OF SOURCE (Not an Acronym)
Burrtec Waste Industries, Inc.

ADDRESS (Business Address Acceptable)
9890 Cherry Avenue, Fontana, CA 92335

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 14</u>	<u>\$ 50.00</u>	<u>"Get Well" gift basket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
SOS Truck Service

ADDRESS (Business Address Acceptable)
3045 S. Archiblad, H276, Ontario, CA 91761

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mobile vehicle repair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 01 / 14</u>	<u>\$ 57.00</u>	<u>Birthday gift basket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
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<u> / / </u>	<u>\$</u>	<u> </u>

CITY OF RALPH
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Comments: _____