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STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

TN

Office of the City Clerk  
(MIDDLE)  
City of Monrovia

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SHEVLIN BECKY A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Monrovia

Division, Board, Department, District, if applicable

Your Position

City Council

Mayor Pro Tem/Council Member

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

Agency: See Attached

Position: See Attached

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
2014 APR - 9 PM 2:30

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Los Angeles

City of Monrovia

Other So. California Council of Governments

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: 4

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 04/01/2013  
(month, day, year)

BECKY A. SHEVLIN  
LIST OF AGENCIES  
EXPANDED STATEMENT – 2013

In addition to that shown on the Cover Page for the City of Monrovia; I am also filing for the below referenced organizations:

1. Southern California Association of Governments (SCAG)  
City Representative  
SGVCOG Rep. to SCAG Community, Economic and Human Development Committee  
818 West 7<sup>th</sup> Street  
Los Angeles, CA 90017
2. Foothill Transit  
Governing Board Member and Executive Board Alternate  
100 South Vincent Avenue, Suite 200  
West Covina, CA 91790
3. San Gabriel Council of Governments (SGVCOG)  
Alternate Board Member  
Member of SGVCOG Housing, Community and Economic Development Committee  
SGVCOG Rep. to SCAG Community, Economic and Human Development Committee  
1000 South Fremont Avenue, Unit 42, Bldg. A-10, Suite 10210  
Alhambra, CA 91803
4. County Sanitation Districts 15 and 22 of Los Angeles County  
Alternate Director for City of Monrovia  
Board Secretary's Office – Attn. Kimberly Compton  
1955 Workman Mill Road  
PO Box 4998  
Whittier, CA 90607-4998
5. Los Angeles County Commission for Children and Families  
Commissioner , 5<sup>th</sup> District  
Dept. of Commission Services, Attn. Yvonne Umana  
500 West Temple Street, Room B-22  
Los Angeles, CA 90012

**SCHEDULE A-1  
Investments**

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

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <b>BECKY A. SHEVLIN</b>
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▶ NAME OF BUSINESS ENTITY  
Fidelity National Financial Insurance  
 GENERAL DESCRIPTION OF THIS BUSINESS  
Parent Company of Chicago Title  
 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 Souse Emp. Retirement  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
       /        / 13           /        / 13  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_  
 GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_  
 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:  
       /        / 13           /        / 13  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_  
 GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_  
 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:  
       /        / 13           /        / 13  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_  
 GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_  
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 \$2,000 - \$10,000     \$10,001 - \$100,000  
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 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:  
       /        / 13           /        / 13  
 ACQUIRED                      DISPOSED

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(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
       /        / 13           /        / 13  
 ACQUIRED                      DISPOSED

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

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>BECKY A. SHEVLIN</b>
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INCOME RECEIVED	INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Mark M. O'Brien, a Law Corporation</u> ADDRESS (Business Address Acceptable) <u>50 W. Lemon Avenue., Ste 29, Monrovia, CA 91016</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law Office</u> YOUR BUSINESS POSITION <u>Independent Contractor/Legal Assistant</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input checked="" type="checkbox"/> Other <u>independent contracting</u> <small>(Describe)</small>	NAME OF SOURCE OF INCOME <u>Chicago Title Insurance</u> ADDRESS (Business Address Acceptable) <u>535 N. Brand Blvd., Glendale, CA 91203</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Title Insurance</u> YOUR BUSINESS POSITION <u>Sr. Account Manager</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

**LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____ % <input type="checkbox"/> None TERM (Months/Years) _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: \_\_\_\_\_