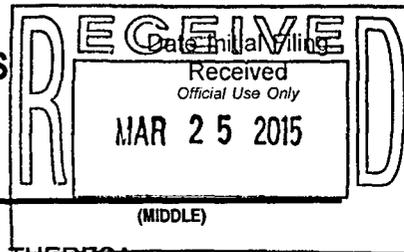


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) LILBURN (FIRST) PENNY (MIDDLE) THERESA

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: SUCCESSOR AGENCY

Position: AGENCY MEMBER

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 APR - 6 PM 2:50

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of HIGHLAND

Other _____

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left ____/____/____
(Check one)

-or-
The period covered is ____/____/____, through December 31, 2014.

The period covered is January 1, 2014, 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

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

Date Signed 3/24/15
(month, day, year)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LILBURN PENNY THERESA

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: HOUSING AUTHORITY

Position: AGENCY MEMBER

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 APR -6 PM 2:50

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of HIGHLAND

Other _____

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

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Leaving Office: Date Left ____/____/____
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Schedule C - Income, Loans, & Business Positions - schedule attached

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Schedule D - Income - Gifts - schedule attached

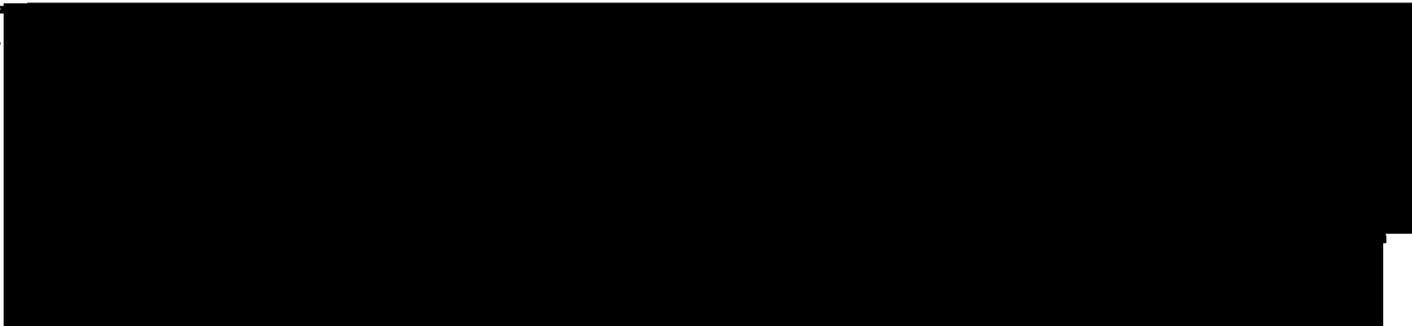
Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5.



Date Signed 3/24/15
(month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
PENNY THERESA LILBURN

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Highland District Council On Aging, Inc.

ADDRESS (Business Address Acceptable)
3102 E. Highland Ave., Patton, CA 92369

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Organization - Senior Center

YOUR BUSINESS POSITION
Executive Director

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
OMINTRANS

ADDRESS (Business Address Acceptable)
1700 W. Fifth Street, San Bernardino, CA 92411

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Transportation Agency

YOUR BUSINESS POSITION
Board Member

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other Monthly stipen
(Describe)

▶ 2. 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
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address _____
City _____

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE D
Incom - Gifts

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charity Golf Tournament

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 30 / 14	\$ 100.00	Golf
07 / 30 / 14	\$ 100.00	Golf
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
SB Employees Safety Benefit Assoc.

ADDRESS (Business Address Acceptable)
735 E. Carnegie Drive, San Bernardino, CA 92404

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charity Golf Tournament

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 14	\$ 75.00	Golf
07 / 21 / 14	\$ 75.00	Golf
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
John Mura

ADDRESS (Business Address Acceptable)
31111 Greenspot Road, Highland, CA 92346

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Golf

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 29 / 14	\$ 76.00	Golf & lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Jim Grigoli

ADDRESS (Business Address Acceptable)
P.O. Box 1302, Fontana, CA 92334

BUSINESS ACTIVITY, IF ANY, OF SOURCE
League of Cities conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 18 / 14	\$ 125.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
American Medical Response

ADDRESS (Business Address Acceptable)
7925 Center Ave., Rancho Cucamonga, CA 92730

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 30 / 14	\$ 75.00	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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____