CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG **COVER PAGE**

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FAIR POLITICAL
PRACTICES COMMISSION
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
QUINTERO	ANDRE	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF EL MONTE

Division, Board, Department, District, if applicable: EL MONTE CITY COUNCIL

Your Position: MAYOR

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

Agency: SEE ATTACHED LISTING Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of EL MONTE
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of LOS ANGELES
- ☐ Other _____

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

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

-or-

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

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*

○ The period covered is January 1, 2014, through the date of leaving office.

○ 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 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. Ve[redacted]

MA[redacted]
(Bu[redacted]
1[redacted]
DA[redacted]
([redacted]
I ha[redacted]
herein and in any attached schedules is true and complete. I acknowl[redacted]

I certify under penalty of perjury under the laws of the State of Ca[redacted]

Date Signed 3/30/15
(month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ANDRE QUINTERO

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
GORDON, EDELSTEIN, KREPACK, GRANT ET AL.

ADDRESS *(Business Address Acceptable)*
3580 WILSHIRE BLVD, STE #1800, LA, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
WORKERS' COMP LA FIRM

YOUR BUSINESS POSITION
REFERRAL ATTORNEY

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*

REFERRAL FEE
(Describe)

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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)*

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ANDRE QUINTERO

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
AHMC GREATER EL MONTE COMM. HOSPITAL

ADDRESS *(Business Address Acceptable)*
1701 SANTA ANITA, S. EL MONTE, CA 91733

BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOSPITAL-MEDICAL SERVICES

YOUR BUSINESS POSITION
BOARDMEMBER-BOARD OF DIRECTORS

GROSS INCOME RECEIVED
- [x] $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)*
- [x] Other STIPEND *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
GORDON, EDELSTEIN, KREPACK, GRANT ET AL

ADDRESS *(Business Address Acceptable)*
3580 WILSHIRE BLVD, STE#1800, LA, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
WORKERS' COMP LAW FIRM

YOUR BUSINESS POSITION
REFERRAL ATTORNEY

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $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
- [x] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- REFERRAL FEE *(Describe)*
- [ ] Other _____ *(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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
ANDRE QUINTERO

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
IBEW-NECA LABOR COOPERATION COMMITTEE
ADDRESS *(Business Address Acceptable)*
297 N. MARENGO AVE, PASADENA, CA 91101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
UNION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/23/14	$450.00	3 DODGER TICKETS
/ /	$	
/ /	$	

► 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)*
UNITED NURSES ASSOCIATIONS OF CA
ADDRESS *(Business Address Acceptable)*
955 OVERLAND CT, #150, SAN DIMAS, CA 91773
BUSINESS ACTIVITY, IF ANY, OF SOURCE
UNION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/07/14	$75.00	MARIACHI BASH '14
/ /	$	
/ /	$	

► 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: GIFT LIMIT $440-PAID IBEW-NECA LABOR COOPERATION COMMITTEE $10 DIFFERENCE

Attached Sheet for Form 700 for Andre Quintero-2014

Additional Agencies and Positions

1) City of El Monte/Mayor
    a. El Monte Public Financing Agency/Chairman
    b. El Monte Public Facilities Corporation/Chairman
    c. El Monte Housing Authority Agency/Chairman
    d. Oversight Board to the Successor Agency to the Dissolved El Monte Community Redevelopment Agency of the City of El Monte/Chairman
    e. El Monte Water Authority Agency/Chairman
2) City of Los Angeles
3) Los Angeles County Sanitation District No. 15/Delegate Board Member
4) San Gabriel Valley Mosquito & Vector Control District/Delegate Board Member