

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Date Initial Filing Received
 FAIR POLITICAL PRACTICES COMMISSION
 15 APR -6 PM 2:31

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Real Sebastian Teresa

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Monterey Park
 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: see attachment "A" Position:

CITY OF MONTEREY PARK
 2015 APR - 1 P 1:31
 CITY CLERK OFFICE

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

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

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 _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____

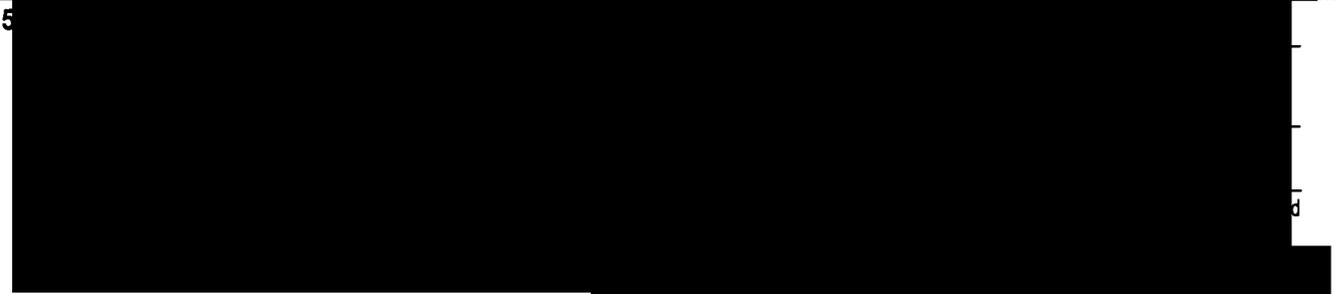
Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 5

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



Date Signed 3/27/15
 (month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Teresa Real Sebastian

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Boston Private Bank & Trust

ADDRESS (Business Address Acceptable)
 16000 Ventura Blvd., Encino, CA 91430

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Bank

YOUR BUSINESS POSITION
 Vice President

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

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 D
Income – Gifts**

Name
Teresa Real Sebastian

▶ NAME OF SOURCE (Not an Acronym)
Shirley Hwong & Carol Sullivan
ADDRESS (Business Address Acceptable)
475 Cumbre & 1590 Abajo Dr., MPK CA 91754
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 22 / 14</u>	<u>\$ 100.00</u>	<u>flowers/outgoing mayo</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)
Monterey Park Chamber
ADDRESS (Business Address Acceptable)
700 El Mercado Ave., MPk, CA 91754
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 22 / 14</u>	<u>\$ 50.00</u>	<u>plaque-outgoing mayor</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)
ELAC Foundation Brd of Dir./President's Gala
ADDRESS (Business Address Acceptable)
1301 Avenida Cesar Chavez, MPk, CA 91754
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 17 / 14</u>	<u>\$ 150.00</u>	<u>dinner gala</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)
Doris Tsai / Everette residents
ADDRESS (Business Address Acceptable)
201 S. Everette Ave., MPk, CA 91755
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 22 / 14</u>	<u>\$ 50.00</u>	<u>plaque/outgoing mayor</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)
Monterey Park Rotary Club
ADDRESS (Business Address Acceptable)
PO Box 162, MPk, CA 91754
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 22 / 14</u>	<u>\$ 50.00</u>	<u>plaque/outgoing mayor</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)
Mary Ann Garcia Barlow
ADDRESS (Business Address Acceptable)
2200 Verde Vista, MPk, CA 91754
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 12 / 14</u>	<u>\$ 50.00</u>	<u>Sees candy</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Teresa Real Sebastian

▶ NAME OF SOURCE (Not an Acronym)
Cal. Fed. of Business & Professional Women
 ADDRESS (Business Address Acceptable)
CABPW Box 370 7485 Rush River Sac. CA 95831
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 22 / 14</u>	<u>\$ 80.00</u>	<u>plaque/membership</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>

▶ NAME OF SOURCE (Not an Acronym)
Daniel Edwards/Athens
 ADDRESS (Business Address Acceptable)
5355 Vincent Ave., Irwindale, CA 91706
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 14</u>	<u>\$ 50.00</u>	<u>Sees holiday candies</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>

▶ NAME OF SOURCE (Not an Acronym)
Arman Gabay/Charles Company
 ADDRESS (Business Address Acceptable)
9034 W. Sunset Blvd, West Hollywood, CA 90069
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 14</u>	<u>\$ 40.00</u>	<u>company dinner</u>
<u>12 / 20 / 14</u>	<u>\$ 80.00</u>	<u>holiday gift basket</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>

Comments: _____

**Teresa Real Sebastian
Attachment "A"
Expanded Statement List**

Name of Agency

Office/Position

San Gabriel Valley Council of Governments

Board Member

Southern California Association of Governments

Board Member

