CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
MAR 23 2015
CITY OF DUARTE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Reilly	Liz	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Metro Gold Line Phase II Joint Powers Authority, County Sanitation Districts 15, 22 of LA County

Division, Board, Department, District, if applicable: Board of Directors, Districts 15, 22

Your Position: Board Member, Director-City of Duarte

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

Agency: City of Duarte Position: City Council Member

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 15 APR -8 PM 3:22

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Duarte
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of Los Angeles
- ☑ 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 ____/____/_____

☐ **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:*** 2

- ☐ **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.

[redacted]

Date Signed 03/21/2015
(month, day, year)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Liz Reilly

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE *(Not an Acronym)*
Burrtec Waste Services
ADDRESS *(Business Address Acceptable)*
PO Box 1026
CITY AND STATE
Duarte, Ca 91009
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 05 / 17 / 14 - ___/___/___ *(If gift)* AMT: $ 200.00

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
dinner

► NAME OF SOURCE *(Not an Acronym)*
The Metropolitan Water District
ADDRESS *(Business Address Acceptable)*
6252 Telegraph Road
CITY AND STATE
Commerce, Ca 90040
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11 / 01 / 14 - 11 / 02 / 14 *(If gift)* AMT: $ 742.69

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Inspection trip of State Water Project and Sacramento Bay Delta

---

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: