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CITY OF PICO RIVERA
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Tercero Brent A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Pico Rivera
Division, Board, Department, District, if applicable
Your Position
Councilmember

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

Agency: _____ Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 APR -6 PM 3: 09

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

- State
- Multi-County _____
- City of Pico Rivera
- 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



Date Signed 04/1/15
(month, day, year)

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CITY CLERK
CITY OF PICO RIVERA

2015 APR -1 PM 4:11

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Brent Tercero

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Leadership for Educational Equity
ADDRESS (Business Address Acceptable)
606 S. Olive St., Los Angeles, 90014
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit
YOUR BUSINESS POSITION
Regional 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
Echo Horizon School
ADDRESS (Business Address Acceptable)
3430 McManus Ave., Culver City, CA 90232
BUSINESS ACTIVITY, IF ANY, OF SOURCE
School
YOUR BUSINESS POSITION
Teacher

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: _____

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SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
Spay & Neuter Project
ADDRESS (Business Address Acceptable)
9325 Slawson Ave., Pico Rivera, CA 90660
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Animal Rights Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/27/14</u>	<u>\$ 150</u>	<u>Tickets to Gala</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
La Noria Entertainment
ADDRESS (Business Address Acceptable)
11003 Sports Arena Dr., Whittier, CA 90601
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Concessions at Sports Arena

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/20/14</u>	<u>\$ 60</u>	<u>Food & Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Conservation League of Voters, CA
ADDRESS (Business Address Acceptable)
6310 San Vicente Blvd., Los Angeles, CA 90018
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/04/14</u>	<u>\$ 50</u>	<u>Tickets (1) to Gala</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)

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)

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: _____