



2015 APR - 1 P 4: 13

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Delgado Hector

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of South El Monte

Division, Board, Department, District, if applicable

Your Position

City Council Member/Board Member

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

Agency: Successor Agency / FINANCE / PARKING

Position: Board Member

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of South El Monte

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: 2

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

Date Signed 04/01/2015

(month, day, year)

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2015 APR - 6 PM 3: 11

**SCHEDULE D  
Income – Gifts**

Name  
**Hector Delgado**

▶ NAME OF SOURCE (Not an Acronym)  
**Tony Ibarra**

ADDRESS (Business Address Acceptable)  
**1415 Santa Anita Ave. So. El Monte Ca 91733**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**City Manager**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 20 / 14</b>	<b>\$ 50.00</b>	<b>Holiday Basket</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Hard Music Festival**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Music Concert**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>08 / 01 / 14</b>	<b>\$ 75.00</b>	<b>Music ticket</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Monares Group LLC**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 15 / 14</b>	<b>\$ 75.00</b>	<b>Holiday Basket</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Quinn Barrow**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**City Attorney**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 15 / 14</b>	<b>\$ 50.00</b>	<b>Holiday Basket</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Athens Services**

ADDRESS (Business Address Acceptable)  
**14048 Valley Blvd. La Puente Ca.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Trash Company**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 16 / 14</b>	<b>\$ 75.00</b>	<b>Food Gift Card</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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: \_\_\_\_\_