

**STATEMENT OF ECONOMIC INTERESTS**

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FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE  
(CG)

Please type or print in ink.

NAME OF FILER (LAST) Harrington (FIRST) John  
2015 APR 17 PM 4:05  
CITY OF SAN GABRIEL (MIDDLE)  
CITY CLERK'S OFFICE  
Robert

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) City of San Gabriel  
Division, Board, Department, District, if applicable City Council  
Your Position Council Member  
15 MAR 27 P4:13

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of San Gabriel
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- 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: 3
- 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

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/25/2015  
(month, day, year)



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME  <u>Kaiser Permanente</u></p> <p>ADDRESS (Business Address Acceptable)  <u>393 E Walnut St Pasadena, CA 91188</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Medical</u></p> <p>YOUR BUSINESS POSITION  <u>Registered Nurse</u></p> <p>GROSS INCOME RECEIVED  <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000  <input checked="" type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary    <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income            (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use            Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____            (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____            (Describe)</p> <p><input type="checkbox"/> Other _____            (Describe)</p>	<p>NAME OF SOURCE OF INCOME            _____</p> <p>ADDRESS (Business Address Acceptable)            _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE            _____</p> <p>YOUR BUSINESS POSITION            _____</p> <p>GROSS INCOME RECEIVED  <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income            (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use            Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____            (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____            (Describe)</p> <p><input type="checkbox"/> Other _____            (Describe)</p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD  <input type="checkbox"/> \$500 - \$1,000  <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____%    <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN  <input type="checkbox"/> None      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____            _____            Street address            _____            City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____            (Describe)</p>
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Comments: \_\_\_\_\_