

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) 2015 APR -8 (FIRST) 27 (MIDDLE) C.
Holloway Daniel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of La Puente

Division, Board, Department, District, if applicable

Your Position

City Council Member

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

Agency: La Puente Successor Agency

Position: Agency Member/Vice Chair

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of La Puente

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: 3

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 2/25/15
(month, day, year)

RECEIVED
CITY OF LA PUENTE
CITY CLERK'S OFFICE
15 FEB 25 AM 4:53

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Daniel C. Holloway

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 UBS Financial Services Inc,

ADDRESS (Business Address Acceptable)
 301 E. Ocean Blvd. #1600, Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Wealth Management

YOUR BUSINESS POSITION
 Client

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 **IRA Retirement Disbursement**

 (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 TERM (Months/Years)

_____ % None

SECURITY FOR LOAN
 None Personal residence

Real Property _____

 Street address

_____ City

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Valley Vista Services

ADDRESS (Business Address Acceptable)
17455 E. Railroad St., City of Industry, CA 91748

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trash Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 14	\$ 90.00	Customer App. Dinner
05 / 17 / 14	\$ 90.00	Dinner for Wife
09 / 16 / 14	\$ 11.00	LA County Fair Ticket

▶ NAME OF SOURCE (Not an Acronym)
Valley Vista Services (continued)

ADDRESS (Business Address Acceptable)
17455 E. Railroad St., City of Industry, CA 91748

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trash Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 14	\$ 11.00	LA County Fair Ticket
12 / 02 / 14	\$ 51.95	Holiday Gift Basket
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Louie Aguinaga

ADDRESS (Business Address Acceptable)
1415 Santa Anita Ave., South El Monte, CA 91733

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mayor of South El Monte

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 14	\$ 260.00	Cal CC Golf Foursome
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Charlie Klinakis/Alert Insulation

ADDRESS (Business Address Acceptable)
15913 Old Valley Blvd., La Puente, CA 91744

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Councilman/Insulation Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 05 / 14	\$ 50.00	Scholarship Dinner
12 / 01 / 14	\$ 11.00	Lunch
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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: _____