CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Holloway	Daniel	C.

1. Office, Agency, or Court

Agency Name
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.

Agency: _____ Position: _____

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

☐ State
☐ Multi-County _____
☒ City of La Puente
☐ Judge (Statewide Jurisdiction)
☐ County of _____
☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ **Assuming Office:** Date ____/____/____

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

○ The period covered is January 1, 2010, through the date of leaving office.

○ The period covered is ____/____/____, through the date of leaving office.

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*

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed February 14, 2011
(month, day, year)

Signatur

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Daniel C. Holloway

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: Kosmont Companies
ADDRESS (Business Address Acceptable): 865 S. Figueroa St. #3500, LA, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/23/10	$74.98	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: Charles Co.
ADDRESS (Business Address Acceptable): 1917 Wilshire Bl. Beverly Hills, CA 90210
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/24/10	$95.89	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: Briglio & Cheung
ADDRESS (Business Address Acceptable): 2845 W. Valley Bl. Alhambra, CA 91803
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CPA's

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/25/10	$125.00	Golf
/ /	$	
/ /	$	

► NAME OF SOURCE: David Turch & Associates
ADDRESS (Business Address Acceptable): 517 2nd St NE Washington D.C. 20002
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Washington DC Lobbyists

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/15/10	$272.77	Dinner for self & daughter
3/16/10	$20.99	Lunch
12/13/10	$18.95	Christmas Ornament

► NAME OF SOURCE: Valley Vista Services
ADDRESS (Business Address Acceptable): 17455 E. Railroad St., Industry CA 91748
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Trash Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/14/10	$180.00	Dinner + Pen
9/14/10	$250.00	Golf
9/30/10	$-20.00	Reimbursment*

► NAME OF SOURCE: Presbyertian Intercommunity Hospital
ADDRESS (Business Address Acceptable): 12401 Washington Bl., Whittier, CA 90602
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/19/10	$200.00	Fundraiser tickets for Self & Wife
/ /	$	
/ /	$	

Comments: * Pursuant to Regulation 18943(a)(4) $20.00 was reimbursed to Valley Vista Services on 9/30/10 reducing annual gift value under limit per FPPC directions

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Name: Daniel C. Holloway

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: Alert Insulation
ADDRESS (Business Address Acceptable): 15913 Old Valley Bl., La Puente, CA 91744
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Insulation Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/20/10	$15.00	Lunch
3/10/10	$15.00	Lunch
9/6/10	$9.00	Lunch

► NAME OF SOURCE: Alert Insulation (continued)
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/10/10	$12.00	Lunch
12/4/10	$75.00	Christmas Party
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: