

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Helvey Stephen William

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

Agency Name  
 City of Whittier  
 Division, Board, Department, District, if applicable  
 Your Position  
 City Manager

► If filing for multiple positions, list below or on an attachment.

Agency: City of Whittier Position: See attached.

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of Los Angeles  
 City of Whittier  Other CalTIP

**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**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 13230 Penn Street Whittier CA 90602  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 562 ) 464-3302 shelvey@cityofwhittier.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 1-24-11  
 (month, day, year)

Signature [Signature]  
 (File the originally signed statement with your filing official.)

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2010 – December 31, 2010**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors  
Los Angeles Regional Interoperable Communications System (LA-RICS)**

**SCHEDULE D**  
**Income - Gifts**

Name  
Helvey, Stephen

▶ NAME OF SOURCE  
Bob Henderson  
 ADDRESS (Business Address Acceptable)  
6548 S. Bright Ave., Whittier, CA 90601  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 06 / 10</u>	<u>\$ 75.00</u>	<u>Golf - Hacienda</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Bill Stansbury  
 ADDRESS (Business Address Acceptable)  
2495 E. 67th Street, Long Beach, CA 90805  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Refuse Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 15 / 10</u>	<u>\$ 75.00</u>	<u>Golf - SKILLS</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Don Knabe  
 ADDRESS (Business Address Acceptable)  
500 W. Temple, Rm. 822, Los Angeles, CA 90012  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
L.A. County Board of Supervisors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 14 / 10</u>	<u>\$ 75.00</u>	<u>Golf - Gaylord Knapp</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Dick Jones  
 ADDRESS (Business Address Acceptable)  
3777 N. Harbor Blvd., Fullerton, CA 92835  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 23 / 10</u>	<u>\$ 75.00</u>	<u>Golf - Monarch Beach</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Harvey Englander  
 ADDRESS (Business Address Acceptable)  
801 South Figueroa St., Ste. 1050, L.A., CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Communications Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 19 / 10</u>	<u>\$ 150.00</u>	<u>Golf - Hillcrest</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 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: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

CITY OF WHITTIER  
CITY CLERK-TREASURER

**COVER PAGE**

*A Public Document*

2010 JAN 22 PM 3: 24

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Helvey	Stephen	William	( 562 ) 464-3302		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
13230 Penn Street		Whittier	CA	90602	

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

Name of Office, Agency, or Court:  
City of Whittier

Division, Board, District, if applicable:  
\_\_\_\_\_

Your Position:  
City Manager

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: City of Whittier

Position: See attached.

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

- State
- County of Los Angeles
- City of Whittier
- Multi-County \_\_\_\_\_
- Other CalTIP

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

- Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Annual: The period covered is January 1, 2009, through December 31, 2009.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.
  - Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
  - The period covered is January 1, 2009, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
  - Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

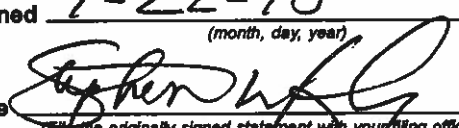
- ▶ Total number of pages including this cover page: 4
  - ▶ Check applicable schedules or "No reportable interests."
    - I have disclosed interests on one or more of the attached schedules:
    - Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*
    - Schedule A-2  Yes - schedule attached  
*Investments (10% or Greater Ownership)*
    - Schedule B  Yes - schedule attached  
*Real Property*
    - Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*
    - Schedule D  Yes - schedule attached  
*Income - Gifts*
    - Schedule E  Yes - schedule attached  
*Income - Gifts - Travel Payments*
- or-
- No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 1-22-10  
(month, day, year)

Signature   
(File the originally signed statement with your filing official.)

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2009 – December 31, 2009**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors  
Los Angeles Regional Interoperable Communications System (LA-RICS)**

**SCHEDULE D**  
**Income - Gifts**

Name  
HELVEY, STEPHEN

▶ NAME OF SOURCE  
Tom Clark  
ADDRESS (Business Address Acceptable)  
660 Newport Ctr. Dr., Ste. 1600, Newport Bch., CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 12 / 09</u>	<u>\$ 75.00</u>	<u>Golf - Coto de Caza</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
Richard D. Jones  
ADDRESS (Business Address Acceptable)  
3777 N. Harbor Blvd. Fullerton, CA 92835  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 16 / 09</u>	<u>\$ 75.00</u>	<u>Golf - Hacienda</u>
<u>03 / 23 / 09</u>	<u>\$ 100.00</u>	<u>Golf - Vellano</u>
<u>08 / 31 / 09</u>	<u>\$ 75.00</u>	<u>Golf - Seacliff</u>

▶ NAME OF SOURCE  
Don Knabe  
ADDRESS (Business Address Acceptable)  
500 W. Temple, Room 822 Los Angeles, CA 90012  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
L.A. County Board of Supervisors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 15 / 09</u>	<u>\$ 75.00</u>	<u>Western Hills</u>
<u>08 / 10 / 09</u>	<u>\$ 75.00</u>	<u>Friendly Hills</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
Bill Stansbury  
ADDRESS (Business Address Acceptable)  
2495 E. 68th Street Long Beach, CA 90805  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Refuse Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 08 / 09</u>	<u>\$ 75.00</u>	<u>Golf - Los Coyotes</u>
<u>07 / 09 / 09</u>	<u>\$ 75.00</u>	<u>Golf - Rancho Bernard</u>
<u>07 / 20 / 09</u>	<u>\$ 75.00</u>	<u>Golf - Lakewood</u>

▶ NAME OF SOURCE  
Bob Henderson  
ADDRESS (Business Address Acceptable)  
6548 S. Bright Avenue Whittier, CA 90601  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 02 / 09</u>	<u>\$ 75.00</u>	<u>Golf - Hacienda</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
Bill Stansbury  
ADDRESS (Business Address Acceptable)  
2495 E. 68th Street Long Beach, CA 90805  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Refuse Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 14 / 09</u>	<u>\$ 75.00</u>	<u>Golf - Friendly Hills</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
HELVEY, STEPHEN

▶ NAME OF SOURCE  
Jim West

ADDRESS (Business Address Acceptable)  
12401 E. Washington Blvd. Whittier, CA 90602

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 21 / 09</u>	<u>\$ 75.00</u>	<u>Golf - Hacienda</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
\_\_\_\_\_

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  
\_\_\_\_\_

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  
\_\_\_\_\_

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  
\_\_\_\_\_

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  
\_\_\_\_\_

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: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
Official Use Only

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Helvey	Stephen	William	( 562 ) 464-3302
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
13230 Penn Street	Whittier	CA	90602 (562) 464-3570

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

Name of Office, Agency, or Court:  
L.A. Regional Interoperable Communications System

Division, Board, District, if applicable:  
\_\_\_\_\_

Your Position:  
Alternate Board Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached

Position: City of Whittier

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

State

County of Los Angeles

City of \_\_\_\_\_

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

Other \_\_\_\_\_

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

Assuming Office/Initial Date: 05 / 11 / 09

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed July 8, 2009  
(month, day, year)

Signature Stephen Helvey  
(File the originally signed statement with your filing official.)

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2008 – December 31, 2008**

**City of Whittier City Manager  
Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors**

**SCHEDULE D**  
**Income - Gifts**

Name  
Stephen W. Helvey

▶ NAME OF SOURCE  
Jim West

ADDRESS  
12401 Washington Boulevard, Whittier, CA 90602

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 25 / 08</u>	<u>\$ 50.00</u>	<u>Golf/Dinner - FHCC</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Bill Stansberry

ADDRESS  
2495 E. 68th Street, Long Beach, CA 90805

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Refuse Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 12 / 08</u>	<u>\$ 50.00</u>	<u>Golf/Dinner - FHCC</u>
<u>05 / 19 / 08</u>	<u>\$ 100.00</u>	<u>Golf - Los Coyotes</u>
<u>09 / 08 / 08</u>	<u>\$ 50.00</u>	<u>Golf/Dinner - FHCC</u>

▶ NAME OF SOURCE  
Tom Raycraft

ADDRESS  
12401 Washington Boulevard, Whittier, CA 90602

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 31 / 08</u>	<u>\$ 100.00</u>	<u>Golf - Hacienda</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Don Knabe

ADDRESS  
500 W. Temple, Room 822, L.A. CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
L.A. County Board of Supervisors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 08</u>	<u>\$ 100.00</u>	<u>Golf - Western Hills</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Russell Dix

ADDRESS  
2495 E. 68th Street, Long Beach, CA 90805

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Refuse Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 08</u>	<u>\$ 100.00</u>	<u>Golf - Old Ranch</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Andy Lazzaretto

ADDRESS  
P.O. Box 3073, Burbank, CA 91504

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Municipal Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 03 / 08</u>	<u>\$ 75.00</u>	<u>Golf - Lakewood CC</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
Stephen W. Helvey

▶ NAME OF SOURCE  
Matt Knabe  
 ADDRESS  
100 South Flower Street, Suite 2100, L.A., CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 08</u>	<u>\$ 100.00</u>	<u>Golf - Virginia CC</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 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: \_\_\_\_\_

**COVER PAGE**

*A Public Document*

**CITY OF WHITTIER**  
**CITY CLERK-TREASURER**

**2009 JAN 26 PM 12:42**

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Helvey	Stephen	William	( 562 ) 464-3302
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
13230 Penn Street		Whittier	CA 90602 (562) 464-3570

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

Name of Office, Agency, or Court:  
City of Whittier

Division, Board, District, if applicable:  
 \_\_\_\_\_

Your Position:  
City Manager

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached.

Position: City of Whittier

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

State

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

City of Whittier

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

Other CalTip

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2008, through December 31, 2008.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes – schedule attached  
*Real Property*

Schedule C  Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes – schedule attached  
*Income – Gifts*

Schedule E  Yes – schedule attached  
*Income – Gifts – Travel Payments*

-OR-

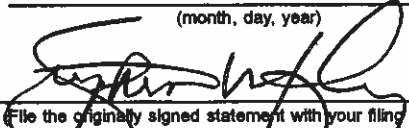
No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 1-23-09  
(month, day, year)

Signature   
(File the originally signed statement with your filing official.)

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2008 – December 31, 2008**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors**

# SCHEDULE D Income - Gifts

▶ **NAME OF SOURCE**  
Jim West  
**ADDRESS**  
12401 Washington Boulevard, Whittier, CA 90602  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 25 / 08</u>	<u>\$ 50.00</u>	<u>Golf/Dinner - FHCC</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ **NAME OF SOURCE**  
Bill Stansberry  
**ADDRESS**  
2495 E. 68th Street, Long Beach, CA 90805  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Refuse Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 12 / 08</u>	<u>\$ 50.00</u>	<u>Golf/Dinner - FHCC</u>
<u>05 / 19 / 08</u>	<u>\$ 100.00</u>	<u>Golf - Los Coyotes</u>
<u>09 / 08 / 08</u>	<u>\$ 50.00</u>	<u>Golf/Dinner - FHCC</u>

▶ **NAME OF SOURCE**  
Tom Raycraft  
**ADDRESS**  
12401 Washington Boulevard, Whittier, CA 90602  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Non-profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 31 / 08</u>	<u>\$ 100.00</u>	<u>Golf - Hacienda</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ **NAME OF SOURCE**  
Don Knabe  
**ADDRESS**  
500 W. Temple, Room 822, L.A. CA 90012  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
L.A. County Board of Supervisors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 08</u>	<u>\$ 100.00</u>	<u>Golf - Western Hills</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ **NAME OF SOURCE**  
Russell Dix  
**ADDRESS**  
2495 E. 68th Street, Long Beach, CA 90805  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Refuse Disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 08</u>	<u>\$ 100.00</u>	<u>Golf - Old Ranch</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ **NAME OF SOURCE**  
Andy Lazzaretto  
**ADDRESS**  
P.O. Box 3073, Burbank, CA 91504  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Municipal Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 03 / 08</u>	<u>\$ 75.00</u>	<u>Golf - Lakewood CC</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

**Comments:** \_\_\_\_\_

# SCHEDULE D Income - Gifts

Name  
**Stephen W. Helvey**

▶ NAME OF SOURCE  
**Matt Knabe**

ADDRESS  
**100 South Flower Street, Suite 2100, L.A., CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Public Relations**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 08	\$ 100.00	Golf - Virginia CC
	\$	
	\$	

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

Date Received  
Official Use Only  
**CITY OF WHITTIER  
CITY CLERK-TREASURER**  
**2008 JAN 24 AM 9:36**

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Helvey	Stephen	William	(562) 464-3302		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
13230 Penn Street		Whittier	CA	90602	(562) 464-3570

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

Name of Office, Agency, or Court:  
City of Whittier

Division, Board, District, if applicable:  
\_\_\_\_\_

Your Position:  
City Manager

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached.

Position: City of Whittier

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

State

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

City of Whittier

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

Other CalTip

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2007, through December 31, 2007.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: 4

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Travel Payments*

-OR-

No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed January 24, 2008  
(month, day, year)

Signature Stephen W. Helvey  
(File the originally signed statement with your filing official.)

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2007 – December 31, 2007**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors**

## SCHEDULE D Income - Gifts

Name  
**Stephen W. Helvey**

> NAME OF SOURCE

**Jones & Mayer**

ADDRESS

**3777 N. Harbor Boulevard, Fullerton, CA 92835**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**City Attorney**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 07	\$ 85.00	Golf
03 / 19 / 07	\$ 85.00	Golf
04 / 23 / 07	\$ 85.00	Golf

> NAME OF SOURCE

**Consolidated Disposal Service**

ADDRESS

**2495 E. 68th Street, Long Beach, CA 90805**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Refuse**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 07	\$ 50.00	Golf
10 / 22 / 07	\$ 60.00	Golf
	\$	

> NAME OF SOURCE

**Englander and Associates**

ADDRESS

**801 S. Figueroa Street, Ste. 1050, L.A., CA 90017**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Political Advocacy/Government Relations**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 18 / 07	\$ 150.00	Golf
	\$	
	\$	

> NAME OF SOURCE

**Presbyterian Intercommunity Hospital Foundation**

ADDRESS

**12401 Washington Boulevard, Whittier, CA 90602**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Hospital**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 12 / 07	\$ 0	Golf - FHCC
10 / 01 / 07	\$ 0	Golf - FHCC
	\$	

> NAME OF SOURCE

**Aramark Healthcare**

ADDRESS

**22108 Scallion Drive, Santa Clarita, CA 91350**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Health Care**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 07 / 07	\$ 100.00	Golf
	\$	
	\$	

> NAME OF SOURCE

**Presbyterian Intercommunity Hospital**

ADDRESS

**12401 Washington Boulevard, Whittier, CA 90602**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Hospital**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 04 / 07	\$ 75.00	Golf
09 / 17 / 07	\$ 195.00	Golf
	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
<b>Name</b> <div style="text-align: center; border: 1px solid black; padding: 2px;">Stephen W. Helvey</div>

> NAME OF SOURCE  
Don Knabe

ADDRESS  
500 W. Temple, Room 822, L.A. CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
L.A. County Board of Supervisors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 18 / 07</u>	<u>\$ 60.00</u>	<u>Golf</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

> NAME OF SOURCE  
Greg Nordbak

ADDRESS  
9820 Jersey Avenue, Santa Fe Springs, CA 90670

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Promotional Products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 28 / 07</u>	<u>\$ 250.00</u>	<u>Golf</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

> NAME OF SOURCE  
Judi Henderson

ADDRESS  
5657 Citrus, Whittier, CA 90601

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 29 / 07</u>	<u>\$ 0</u>	<u>Golf - FHCC</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

> NAME OF SOURCE  
CITIPAC

ADDRESS  
1400 K Street, Floor 4, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political Action Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 31 / 07</u>	<u>\$ 75.00</u>	<u>Golf</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

> NAME OF SOURCE  
  

ADDRESS  
  

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  
  

ADDRESS  
  

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: \_\_\_\_\_

*A Public Document*

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Helvey	Stephen	William	( 562 )	464-3302	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
13230 Penn Street		Whittier	CA	90602	(562) 464-3570

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

Name of Office, Agency, or Court:  
City of Whittier

Division, Board, District, if applicable:

Your Position:  
City Manager

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached.

Position:

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

State

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

City of Whittier

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

Other CalTIP Jurisdictions

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2006.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2006, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: 4

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Travel Payments*

-or-

No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 1-31-07  
(month, day, year)

Signature [Handwritten Signature]  
(File the originally signed statement with your filing official.)

**SCHEDULE D**  
**Income - Gifts**

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Helvey, Stephen William</u>

> NAME OF SOURCE  
Jones & Mayer

ADDRESS 3777 N. Harbor Boulevard  
Fullerton, CA 92835

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/16/06</u>	<u>\$ 80.00</u>	<u>La Habra Rotary Golf</u>
<u>03/20/06</u>	<u>\$ 80.00</u>	<u>La Habra Boys and Girls Club Golf</u>
<u>08/14/06</u>	<u>\$ 80.00</u>	<u>Westminster Boys &amp; Girls Club Golf</u>

> NAME OF SOURCE  
Bob Henderson

ADDRESS 6548 S. Bright Avenue  
Whittier, CA 90601

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance Sales

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03/04/06</u>	<u>\$ 80.00</u>	<u>Golf Hacienda Golf Club</u>
<u>05/05/06</u>	<u>\$ 80.00</u>	<u>Golf Hacienda Golf Club</u>
<u>12/09/06</u>	<u>\$ 80.00</u>	<u>Golf Hacienda Golf Club</u>

> NAME OF SOURCE  
Don Knabe

ADDRESS 500 W. Temple, Room 822  
L.A., CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/19/06</u>	<u>\$ 60.00</u>	<u>Gaylord Knapp Fundraiser Golf</u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

> NAME OF SOURCE  
Consolidated Disposal Service

ADDRESS 2495 E. 68th Street  
Long Beach, CA 90805

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Refuse

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/17/06</u>	<u>\$ 100.00</u>	<u>Independent Cities Assn. Golf</u>
<u>06/05/06</u>	<u>\$ 75.00</u>	<u>Whittier Police Officers Assn. Golf</u>
<u>04/10/06</u>	<u>\$ 60.00</u>	<u>SKILLS Foundation Golf</u>

> NAME OF SOURCE  
Presbyterian Intercommunity Hospital Foundation

ADDRESS 12401 E. Washington Boulevard  
Whittier, CA 90602

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04/24/06</u>	<u>\$ 100.00</u>	<u>Muscular Distrophy Golf</u>
<u>10/02/06</u>	<u>\$ 0</u>	<u>PIH Fundraiser Golf</u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

> NAME OF SOURCE  
Greg Nordbak

ADDRESS 9820 Jersey Avenue  
Santa Fe Springs, CA 90670

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Promotional Products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/06/06</u>	<u>\$ 80.00</u>	<u>Special Olympics Golf</u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>
<u>   /   /   </u>	<u>   </u>	<u>   </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name  
Stephen W. Helvey

> NAME OF SOURCE  
City of Huntington Park  
ADDRESS 6550 Miles Avenue  
Huntington Park, CA 90255  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/24/06</u>	<u>\$ 75.00</u>	<u>Leage of Cities CITIPAK Fundraiser</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

> NAME OF SOURCE  
Mac McFarland  
ADDRESS 7021 Worsham Drive  
Whittier, CA 90602  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/06/06</u>	<u>\$ 12.00</u>	<u>Golf</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

> NAME OF SOURCE  
Mike McCaskey  
ADDRESS 920 Garden Street, Suite B  
Santa Barbara, CA 93101  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Oil Production

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/01/06</u>	<u>\$ 80.00</u>	<u>Golf</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

> NAME OF SOURCE  
Jones & Mayer  
ADDRESS 3777 N. Harbor Boulevard  
Fullerton, CA 92835  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/11/06</u>	<u>\$ 80.00</u>	<u>Golf</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

> NAME OF SOURCE  
Consolidated Disposal Service  
ADDRESS 2495 E. 68th Street  
Long Beach, CA 90805  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Refuse

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07/13/06</u>	<u>\$ 60.00</u>	<u>Golf</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

> NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
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: \_\_\_\_\_

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2006 – December 31, 2006**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors**

*A Public Document*

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Helvey	Stephen	William	(562) 464-3302
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
13230 Penn Street,	Whittier, CA	90602	(562) 464-3570
			OPTIONAL: FAX / E-MAIL ADDRESS

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

Name of Office, Agency, or Court:  
City of Whittier

Division, Board, District, if applicable:  
 \_\_\_\_\_

Your Position:  
City Manager

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached.

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

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

State

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

City of Whittier

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

Other CalTIP Jurisdictions

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2005, through December 31, 2005.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2005.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2005, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: 4

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Travel Payments*

-or-

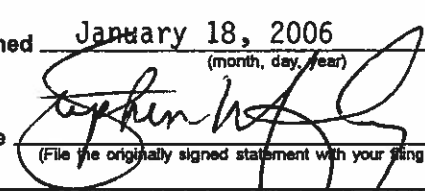
No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed January 18, 2006  
(month, day, year)

Signature   
(File the originally signed statement with your filing official.)

**SCHEDULE D**  
**Income - Gifts**

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Stephen W. Helvey</u>

> NAME OF SOURCE  
DICK JONES

ADDRESS  
3777 N. HARBOR, FULLERTON, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ATTORNEY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01,17,05</u>	<u>100</u>	<u>LA HABRA Rotary Golf Tour.</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

> NAME OF SOURCE  
Tom RAYCRAFT

ADDRESS  
12401 WASHINGTON BLVD, WHITTIER, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
HOSPITAL FOUNDATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05,06,05</u>	<u>100</u>	<u>ARA Tournament @ Industry Hills</u>
<u>09,26,05</u>	<u>100</u>	<u>PIH TOUR.</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

> NAME OF SOURCE  
RAY ANDERSEN

ADDRESS  
766 S. ANTON AVE., AZUSA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
WASTE MANAGEMENT INC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02,04,05</u>	<u>100</u>	<u>League of Cities Foundation Tour.</u>
<u>12,05,05</u>	<u>100</u>	<u>CITIPAC FUNDRAISER</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

> NAME OF SOURCE  
Don Knabe

ADDRESS  
500 W. Temple St., L.A., CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06,29,05</u>	<u>100</u>	<u>GAYLORD KNAPP FUNDRAISER</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

> NAME OF SOURCE  
RICHARD FIERRO

ADDRESS  
2495 E. 68<sup>th</sup> St., Long Bch., CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CONSOLIDATED DISPOSAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02,18,05</u>	<u>100</u>	<u>Independent Cities Golf Tour.</u>
<u>06,06,05</u>	<u>100</u>	<u>WHITTIER POLICE OFFICERS TOUR.</u>
<u>10,14,05</u>	<u>100</u>	<u>CHP FUNDRAISER</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

> NAME OF SOURCE  
CURT STEPHENSON

ADDRESS  
4615 VALINDA POINT, SAN DIEGO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lenar Properties

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11,18,05</u>	<u>100</u>	<u>GOLF AT BRIDGES</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name  
**Stephen W. Helvey**

> NAME OF SOURCE  
HARVEY ENGLANDER

ADDRESS  
1100 S. Flower, L.A. CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07/08/05</u>	<u>\$ 100</u>	<u>Corporate Golf</u>
	\$	
	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: \_\_\_\_\_

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2005 – December 21, 2005**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors**

A Public Document

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Helvey	Stephen	William	( 562 ) 464-3302
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
13230 Penn Street,	Whittier, CA	90602	(562) 464-3570

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

Name of Office, Agency, or Court:  
City of Whittier

Division, Board, District, if applicable:  
\_\_\_\_\_

Your Position:  
City Manager

➡ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached.

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

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

State

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

City of Whittier

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

Other Cal TIP Jurisdictions

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2004, through December 31, 2004.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2004.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2004, through the date of leaving office.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate

**4. Schedule Summary**  
(Check applicable schedules or "No reportable interests.")

➡ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D (Eliminated - report loans on Schedule C)

Schedule E  Yes - schedule attached  
*Income - Gifts*

Schedule F  Yes - schedule attached  
*Income - Travel Payments*

-OR-

➡  No reportable interests on any schedule

Total number of pages completed including this cover page: 5

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed January 10, 2005  
(month, day, year)

Signature Stephen W. Helvey  
(File the originally signed statement with your filing official.)

**SCHEDULE E**  
**Income - Gifts**

Name HELVEY

> NAME OF SOURCE  
RICHARD D. JONES  
ADDRESS  
3777 N. HARBOR BLVD, FULLERTON  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01, 19, 04</u>	<u>100</u>	<u>CHARITY - HACIENDA GOLF CLUB</u>
<u>09, 17, 04</u>	<u>100</u>	<u>DINNER - REEF REST. CHARITY</u>
<u>09, 20, 04</u>	<u>100</u>	<u>GOLF - HACIENDA</u>

> NAME OF SOURCE  
MICHAEL BRYANT  
ADDRESS  
19030 PIONEER BLVD CERROS, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
L.A. County Fire

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09, 07, 04</u>	<u>125</u>	<u>FIREFIGHTERS CHARITY GOLF TOURN - ROBINSON RANCH</u>
___	\$	___
___	\$	___

> NAME OF SOURCE  
Russell Dix  
ADDRESS  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CONSOLIDATED DISPOSAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02, 12, 04</u>	<u>175</u>	<u>GOLF - SANDPIPER</u>
___	\$	___
___	\$	___

> NAME OF SOURCE  
RICH De PROSPERO - EJ De La ROSA & Co  
ADDRESS  
11700 WEST OLYMPIC BLVD - LOS ANGELES, CA 90064  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
INVESTMENT BANKING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07, 09, 04</u>	<u>75</u>	<u>GOLF - MT. WOODSON</u>
___	\$	___
___	\$	___

> NAME OF SOURCE  
RICHARD FERRO  
ADDRESS  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CONSOLIDATED DISPOSAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07, 08, 04</u>	<u>175</u>	<u>IND. Cities GOLF - RANCHO Bernando</u>
___	\$	___
___	\$	___

> NAME OF SOURCE  
GREG Noodbak  
ADDRESS  
1820 Jersey Ave SANTA FE SPRINGS  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Promotional Products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08, 23, 04</u>	<u>100</u>	<u>CHARITY - Newport GOLF - Beh CC</u>
<u>06, 08, 04</u>	<u>100</u>	<u>CHARITY - Industry GOLF - Hills</u>
___	\$	___

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name HELVEY

> NAME OF SOURCE  
City of Santa Fe Springs  
ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/25/04</u>	<u>\$ 50</u>	<u>Salute of Merit Lunch - Norwalk Marriott</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
Bob Henderson  
ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04/09/04</u>	<u>\$ 100</u>	<u>GOLF - HACIENDA</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
Skills Foundation  
ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03/24/04</u>	<u>\$ 150</u>	<u>CHARITY WESTERN GOLF - HILLS</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
SHANE ASTANI  
ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
R.E. DEVELOPMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04/12/04</u>	<u>\$ 50<sup>00</sup></u>	<u>BUSINESS LUNCH - TOY</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
SEN. MARTHA ESCUTIA  
ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03/26/04</u>	<u>\$ 50<sup>00</sup></u>	<u>LUNCH - WOMAN OF THE YEAR - IRIZA</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
Robert Wolfe  
ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/13/04</u>	<u>\$ 50<sup>00</sup></u>	<u>BUSINESS LUNCH DAL - RAY</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name HELVEY

> NAME OF SOURCE  
JOE VALVERDE

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/09/04</u>	<u>50<sup>00</sup></u>	<u>BUSINESS LUNCH - DAL RAE</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

> NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

> NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

> NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

> NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

Comments: \_\_\_\_\_

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2004 – December 21, 2004**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors**

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HELVEY	STEPHEN	William	(562) 464-3302
MAILING ADDRESS (May be business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
13230 PENN Street, Whittier, CA		90602	

**1. Office, Agency or Court**

Name of Office, Agency or Court:  
CITY OF WHITTIER

Division, Board, District, if applicable:

Your Position:  
CITY MANAGER

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See ATTACHED

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

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

State

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

City of WHITTIER

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

Other CALIF JURISDICTIONS

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2003, through December 31, 2003.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2003.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2003, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate

**4. Schedule Summary**  
(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income & Business Positions (Income Other than Loans, Gifts, and Travel)*

Schedule D  Yes - schedule attached  
*Income - Loans*

Schedule E  Yes - schedule attached  
*Income - Gifts*

Schedule F  Yes - schedule attached  
*Income - Travel Payments*

-or-

➔  No reportable interests on any schedule

Total number of pages completed including this cover page: 4

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 1-2-04  
(month, day, year)

Signature Stephen Helvey  
(File the originally signed statement with your filing official.)

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2003 – December 21, 2003**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors**

**SCHEDULE E**  
**Income – Gifts**

> NAME OF SOURCE Henderson's Insurance  
 Bob Henderson

ADDRESS  
 6548 Bright Avenue  
 Whittier, CA 90601

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/09/03	\$ 75.00	golf green fees
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE Jones and Mayer  
 Richard D. Jones

ADDRESS  
 3777 N. Harbor Boulevard  
 Fullerton, CA 92835

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Law Office

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/21/03	\$ 160.00	golf green fees
09/19/03	\$ 75.00	golf green fees
___/___/___	\$ _____	_____

> NAME OF SOURCE Stradling Yocca Carlson Rauth  
 Tom Clark

ADDRESS 660 Newport Center Dr., Ste. 1600  
 Newport Bch., CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Bond Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/14/03	\$ 60.00	golf green fees
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
 City of Whittier SKILLS Foundation

ADDRESS 13230 Penn St.  
 Whittier, CA 90602

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Non-profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/24/03	\$ 50.00	golf green fees
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE Lusk Company  
 Jim Johnson

ADDRESS 16592 Hale Avenue  
 Irvine, CA 92606

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Development Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/16/03	\$ 150.00	golf green fees
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE Lambert, Smith Hampton  
 Shane Astani

ADDRESS 9701 Wilshire Blvd., Ste. 1200  
 Beverly Hills, CA 90212

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Real Estate Investment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/01/03	\$ 150.00	Lakers tickets
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**

> NAME OF SOURCE Lennar  
Curt Stephenson  
 ADDRESS 4350 Von Karman Avenue, Ste. 200  
Irvine, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate Developers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 28 / 03</u>	<u>\$ 100.00</u>	<u>celebrity golf event</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>

> NAME OF SOURCE Real Estate Investment  
Alon Abady  
 ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate Investment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 15 / 03</u>	<u>\$ 100.00</u>	<u>admission to boxing match</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>

> NAME OF SOURCE Nordbak's Promotional Products  
Greg Nordbak  
 ADDRESS 9820 Jersey Ave.  
Santa Fe Springs, CA 90670

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Promotional Goods

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 25 / 03</u>	<u>\$ 100.00</u>	<u>golf green fees</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>

> NAME OF SOURCE LA County Fire Dept.  
Michael Bryant  
 ADDRESS 19030 Pioneer Blvd.  
Cerritos, CA 90703

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Contract Fire Department

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 08 / 03</u>	<u>\$ 100.00</u>	<u>golf green fees</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>
<u>   /   /   </u>	<u>\$ _____</u>	<u>_____</u>

> NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

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: \_\_\_\_\_

**AMENDMENT**

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

*A Public Document*

CITY CLERK Date Received  
 Official Use Only  
 2003 FEB 14 AM 8:46

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Helvey, Stephen William			( 562 ) 464-3302
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
13230 Penn Street,	Whittier,	CA	90602
			OPTIONAL: FAX / E-MAIL ADDRESS

**1. Office, Agency or Court**

Name: City of Whittier

Division, Board, District, if applicable: \_\_\_\_\_

Position: City Manager

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached.

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

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

State

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

City of Whittier

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

Other CalTIP Jurisdiction

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2002, through December 31, 2002.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2002.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2002, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate

**4. Schedule Summary**  
 (Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1  Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes – schedule attached  
*Real Property*

Schedule C  Yes – schedule attached  
*Income & Business Positions (Income Other than Loans, Gifts, and Travel)*

Schedule D  Yes – schedule attached  
*Income – Loans*

Schedule E  Yes – schedule attached  
*Income – Gifts*

Schedule F  Yes – schedule attached  
*Income – Travel Payments*

-or-

➔  No reportable interests on any schedule

Total number of pages completed including this cover page: 4

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 02-14-03  
 (month, day, year)

Signature Stephen Helvey  
 (File the originally signed statement with your filing official.)

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2002 - December 21, 2002**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors**

**SCHEDULE E**  
**Income – Gifts**

> NAME OF SOURCE  
Ruth B. Shannon  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Angel Tickets</u>	<u>\$ 60.00</u>	<u>10, 04, 02</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

> NAME OF SOURCE  
Greg Nordbak  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Councilman

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Green Fees</u>	<u>\$ 60.00</u>	<u>10, 21, 02</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

> NAME OF SOURCE  
Dan Adams  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Presbyterian Hospital

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Green Fees</u>	<u>\$ 60.00</u>	<u>11, 04, 02</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

> NAME OF SOURCE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

> NAME OF SOURCE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

**Verification**

Print Name Stephen W. Helvey

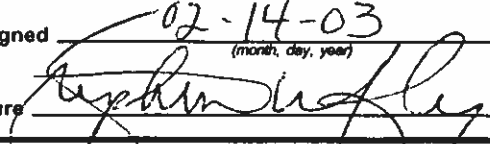
Office, Agency or Court City Manager, City of Whittier

Statement Type  2002/2003 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 02-14-03  
(month, day, year)

Signature 

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**

> NAME OF SOURCE  
Dick Jones  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chair, Cal Domestic Water Wholesale Water

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Green Fees</u>	<u>\$ 60.00</u>	<u>01 , 21, 02</u>
<u>Green Fees</u>	<u>\$ 75.00</u>	<u>06 , 10, 02</u>
_____	\$ _____	____ / ____ / ____

> NAME OF SOURCE  
Bob Neubauer  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City National Bank

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Green Fees</u>	<u>\$ 60.00</u>	<u>04, 08, 02</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

> NAME OF SOURCE  
Jim Johnson  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Developer

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Green Fees</u>	<u>\$ 67.50</u>	<u>02, 07, 02</u>
<u>Green Fees</u>	<u>\$ 60.00</u>	<u>05, 20, 02</u>
_____	\$ _____	____ / ____ / ____

> NAME OF SOURCE  
Dave Gunderson  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Credit Union of So. Cal

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Green Fees</u>	<u>\$ 65.00</u>	<u>05, 17, 02</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

> NAME OF SOURCE  
Dan Chandler  
ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Developer

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Green Fees</u>	<u>\$ 100.00</u>	<u>06 , 02, 02</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

**Verification**

Print Name Stephen W. Helvey

Office, Agency City Manager, City of Whittier  
or Court \_\_\_\_\_

Statement Type  2002/2003 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 02-14-03  
(month, day, year)

Signature Stephen W. Helvey

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Helvey, Stephen William			( 562 ) 464-3302
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
13230 Penn Street	Whittier, CA	90602	OPTIONAL: FAX / E-MAIL ADDRESS

**1. Office, Agency or Court**

Name: City of Whittier

Division, Board, District, if applicable: \_\_\_\_\_

Position: City Manager

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached.

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

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

State

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

City of Whittier

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

Other CalTIP Jurisdiction

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2002, through December 31, 2002.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2002.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2002, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

Candidate

**4. Schedule Summary**

(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1  Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes – schedule attached  
*Real Property*

Schedule C  Yes – schedule attached  
*Income & Business Positions (Income Other than Loans, Gifts, and Travel)*

Schedule D  Yes – schedule attached  
*Income – Loans*

Schedule E  Yes – schedule attached  
*Income – Gifts*

Schedule F  Yes – schedule attached  
*Income – Travel Payments*

-or-

→  No reportable interests on any schedule

Total number of pages completed including this cover page: 5

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 1-27-03  
(month, day, year)

Signature Stephen W. Helvey  
(File the originally signed statement with your filing official.)

**Stephen W. Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement Covering the Period of January 1, 2002 - December 21, 2002**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Finance Authority Executive Director  
Whittier Utility Authority Executive Director  
CalTIP Board of Directors**

**SCHEDULE F**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
STEPHEN W. HELVEY

- Reminder – you must mark the gift or income box.
- You are not required to report “income” from government agencies.

> NAME OF SOURCE  
DICK JONES  
 ADDRESS \_\_\_\_\_  
 CITY AND STATE \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CHAIR, CAL DOMESTIC WATER  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 60 DATE(S): 1/21/02  
(if applicable)  
 DESCRIPTION:  
WHOLESALE WATER SALES –  
GOLF GREEN FEES

> NAME OF SOURCE  
BOB NEUBAUER  
 ADDRESS \_\_\_\_\_  
 CITY AND STATE \_\_\_\_\_  
CITY NATIONAL BANK  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 60 DATE(S): 4/8/02  
(if applicable)  
 DESCRIPTION: GREEN FEES

> NAME OF SOURCE  
JIM JOHNSON  
 ADDRESS \_\_\_\_\_  
 CITY AND STATE \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DEVELOPER  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 67<sup>50</sup> DATE(S): 2/7/02  
(if applicable)  
 DESCRIPTION: GREEN FEES

> NAME OF SOURCE  
DAVE GUNDERSON  
 ADDRESS \_\_\_\_\_  
 CITY AND STATE \_\_\_\_\_  
CREDIT UNION OF So. CAL  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 65<sup>00</sup> DATE(S): 5/17/02  
(if applicable)  
 DESCRIPTION: GREEN FEES

Comments: \_\_\_\_\_

**SCHEDULE F**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
STEPHEN W. HELVEY

- Reminder – you must mark the gift or income box.
- You are not required to report “income” from government agencies.

> NAME OF SOURCE  
Jim Johnson  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 CITY AND STATE  
DEVELOPER  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 60 DATE(S): 5/20/02  
(If applicable)  
 DESCRIPTION GREEN FEES

> NAME OF SOURCE  
DICK JONES  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CAL DOMESTIC WATER  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 75<sup>00</sup> DATE(S): 6/10/02  
(If applicable)  
 DESCRIPTION GREEN FEES

> NAME OF SOURCE  
DAN CHANDLER  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Developer  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 100<sup>00</sup> DATE(S): 6/2/02  
(If applicable)  
 DESCRIPTION: GREEN FEES

> NAME OF SOURCE  
Ruth B. SHANNON  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 60<sup>00</sup> DATE(S): 10/4/02  
(If applicable)  
 DESCRIPTION Angel Tickets

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE F**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

- Reminder – you must mark the gift or income box.
- You are not required to report “income” from government agencies.

> NAME OF SOURCE  
GREG Nordbak  
 ADDRESS \_\_\_\_\_  
 CITY AND STATE \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Councilman  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 60<sup>00</sup> DATE(S): 10/21/02  
(if applicable)  
 DESCRIPTION: GREEN FEES

> NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY AND STATE \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if applicable)  
 DESCRIPTION: \_\_\_\_\_

> NAME OF SOURCE  
JAN ADAMS  
 ADDRESS \_\_\_\_\_  
 CITY AND STATE \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
PRESB. HOSP  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ 60 DATE(S): 11/1/02  
(if applicable)  
 DESCRIPTION: GREEN FEES

> NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY AND STATE \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 TYPE OF PAYMENT: (check one)  Gift  Income  
 AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if applicable)  
 DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_

Please type or print in ink

**COVER PAGE**

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HELVEY	STEPHEN	W	562-464-3302
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
13230 PENN ST.	WHITTIER	90602	562-464-3570
			OPTIONAL: FAX / E-MAIL ADDRESS

**1. Full Name of Office Sought or Held, Agency or Court:**  
City of Whittier

Division, Board, District, if applicable: \_\_\_\_\_

Position: CITY MANAGER

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: SEE ATTACHED

Position Title: \_\_\_\_\_

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

State

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

City of WHITTIER

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

Other SEE ATTACHED

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2001, through December 31, 2001.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2001.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2001, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

Candidate

**4. Schedule Summary**  
(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (Greater than 10% Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income & Business Positions (Income Other than Loans, Gifts, and Travel)*

Schedule D  Yes - schedule attached  
*Income - Loans*

Schedule E  Yes - schedule attached  
*Income - Gifts*

Schedule F  Yes - schedule attached  
*Income - Travel Payments*

-or-

➔  No reportable interests on any schedule

Total number of pages completed including this cover page: 4

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01-15-02  
(month, day, year)

Signature Stephen Helvey  
(File the originally signed statement with your filing official.)

Stephen Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement covering the period of ~~April 1, 2000 to December 31, 2000.~~

*JANUARY 1, 2001 to December 31, 200*

Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Financing Authority Executive Director  
CalTIP Board of Directors

**SCHEDULE E**  
**Income - Gifts**

**CALIFORNIA FORM 700**

**FAIR POLITICAL PRACTICES COMMISSION**

Name STEPHEN HELVEY

▶ NAME OF SOURCE  
RICHARD FIERRO

ADDRESS  
SANTA FE SPRINGS

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
WASTE DISPOSAL

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>GREEN FEES</u>	<u>\$ 125</u>	<u>7,12,01</u>
<u>GREEN FEES</u>	<u>\$ 50</u>	<u>7,14,01</u>
_____	\$ _____	____/____/____

▶ NAME OF SOURCE  
DENNIS KATANGIAN

ADDRESS  
8603 Via SANTA CRUZ, Whitt

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Property MANAGEMENT

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>GREEN FEES</u>	<u>\$ 75</u>	<u>7,26,01</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

▶ NAME OF SOURCE  
CLIFTON ALBRIGHT

ADDRESS  
15195 CARRETERA DR, Whittier

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ATTNY

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>GREEN FEES</u>	<u>\$ 300</u>	<u>6,28,01</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

▶ NAME OF SOURCE  
TOM CLARK

ADDRESS  
NEWPORT BEACH, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ATTNY

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>GREEN FEES</u>	<u>\$ 75</u>	<u>9,7,01</u>
<u>GREEN FEES</u>	<u>\$ 75</u>	<u>10,29,01</u>
_____	\$ _____	____/____/____

▶ NAME OF SOURCE  
JOE CAMICIA

ADDRESS  
Glendale, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CABLE T.V.

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Dodgers</u>	<u>\$ 50</u>	<u>9,19,01</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

▶ NAME OF SOURCE  
GREG Nordbak

ADDRESS  
EL VENADO DR, Whittier

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Promotional Products

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>GREEN FEES</u>	<u>\$ 75</u>	<u>10,15,01</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name STEPHEN HELVEY

NAME OF SOURCE  
RICHARD JONES  
ADDRESS  
3777 HARBOR BLVD, LA HABRA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CITY ATTORNEY

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>GREEN FEES</u>	<u>\$125<sup>00</sup></u>	<u>2,23,01</u>
<u>GREEN FEES</u>	<u>\$65<sup>00</sup></u>	<u>7,13,01</u>
<u>DINNER</u>	<u>\$25<sup>00</sup></u>	<u>11,26,01</u>

NAME OF SOURCE  
SUNDAR RUMANI  
ADDRESS  
GLENOAKS BLVD, BURBANK  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
✓ PRES - BEAUTY KISS CARPET

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>GREEN FEES</u>	<u>\$35<sup>00</sup></u>	<u>1,15,01</u>
_____	\$ _____	___/___/___
_____	\$ _____	___/___/___

NAME OF SOURCE  
RUSSELL DIX  
ADDRESS  
SANTA FE SPRINGS  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
WASTE DISPOSAL

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>SKILLS TOWN.</u>	<u>\$50<sup>00</sup></u>	<u>3,26,01</u>
_____	\$ _____	___/___/___
_____	\$ _____	___/___/___

NAME OF SOURCE  
PAUL BOWERS  
ADDRESS  
WASHINGTON BLVD, WHITTIER  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
HOSPITAL (PIH) FOUNDATION

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>DINNER</u>	<u>\$100</u>	<u>4,21,01</u>
<u>GREEN FEES</u>	<u>\$65</u>	<u>11,5,01</u>
_____	\$ _____	___/___/___

NAME OF SOURCE  
MARSHA ANDERSON  
ADDRESS  
WASHINGTON BLVD, WHITTIER  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
PRESB. HOSPITAL

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>GREEN FEES</u>	<u>\$65<sup>00</sup></u>	<u>5,21,01</u>
_____	\$ _____	___/___/___
_____	\$ _____	___/___/___

NAME OF SOURCE  
CALIFORNIA DOMESTIC WATER  
ADDRESS  
WHITTIER, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
WATER WHOLESALE

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>GREEN FEES</u>	<u>\$65</u>	<u>6,11,01</u>
_____	\$ _____	___/___/___
_____	\$ _____	___/___/___

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS A Public Document

Date Received Official Use Only

Please type or print in ink

Name (Last, First, Middle), Daytime Telephone Number, Mailing Address (Street, City, Zip Code), Optional: Fax / E-mail Address

COVER PAGE

1. Name of Office Sought or Held, Agency or Court

Division, Board, District, if applicable:

City of Whittier

Position:

City Manager/Executive Director

If Expanded Statement - List agency/position: Attach a separate sheet if necessary. Do not use acronyms. File originally signed statement with each filing official.

Agency: see attached

Position Title:

2. Office Jurisdiction

- State, County of, City of Whittier, Multi-County, Other CalTIP

3. Type of Statement

Assuming Office/Initial Date:

Annual (Check one)

The period covered is January 1, 2000, through December 31, 2000.

The period covered is 04 / 01 / 00, through December 31, 2000.

Leaving Office Date Left: (Check one)

The period covered is January 1, 2000, through the date of leaving office.

The period covered is through the date of leaving office.

Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 Yes - schedule attached Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached Investments (Greater than 10% Ownership)

Schedule B Yes - schedule attached Real Property

Schedule C Yes - schedule attached Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D Yes - schedule attached Income - Loans

Schedule E Yes - schedule attached Income - Gifts

Schedule F Yes - schedule attached Income - Travel Payments

No reportable interests on any schedule

Total number of pages (including this cover page): 3

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED ON 02-26-00 (month, day, year)

SIGNATURE (File the originally signed statement with your filing official.)

**Stephen Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement covering the period of April 1, 2000 to December 31, 2000**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Financing Authority Executive Director  
CalTIP Board of Directors**

Income - Gifts

**CALIFORNIA**  
**2000/2001 FORM 700**  
 FAIR POLITICAL PRACTICES COMM.  
 Name \_\_\_\_\_

► NAME OF SOURCE  
Presbyterian Hospital  
 ADDRESS  
Washington Boulevard, Whittier  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Whittier College Golf Tournament</u>	<u>\$ 75.00</u>	<u>04 / 17 / 00</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

► NAME OF SOURCE  
Lusk Company - Jim Johnson  
 ADDRESS  
Irvine, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Golf at Oak Creek</u>	<u>\$ 75.00</u>	<u>11 / 10 / 00</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

► NAME OF SOURCE  
Lusk Company  
 ADDRESS  
Irvine, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>WPOA Golf Tournament</u>	<u>\$ 75.00</u>	<u>06 / 16 / 00</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

► NAME OF SOURCE  
Consolidated Disposal Services, Russel D  
 ADDRESS  
Santa Fe Springs  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>Golf at ICA Conference</u>	<u>\$ 75.00</u>	<u>07 / 07 / 00</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS

A Public Document

CITY CLERK  
Date Received  
Official Use Only  
WINTER

01 JAN 24 P12:18

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HELVEY	STEPHEN	W	(562) 464-3302
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
13230 PENN ST.	WHITTIER	90602	562-464-3570
			OPTIONAL FAX / E-MAIL ADDRESS

COVER PAGE

1. Name of Office Sought or Held, Agency or Court (Provide precise name. Do not use acronyms.)

Division, Board, District, if applicable:  
City of Whittier  
Position:  
City MANAGER / EXEC DIR

➔ If Expanded Statement – List agency/position:  
(Attach a separate sheet if necessary. Do not use acronyms.  
File originally signed statement with each filing official.)

Agency: see attached

Position Title: \_\_\_\_\_

2. Office Jurisdiction (Check one)

- State
- County of \_\_\_\_\_
- City of WHITTIER
- Multi-County \_\_\_\_\_
- Other CALIF

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

- Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Annual (Check one)
  - The period covered is January 1, 2000, through December 31, 2000.
  - The period covered is 4/1/00, through December 31, 2000.
- Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
  - The period covered is January 1, 2000, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate

4. Schedule Summary (Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

- Schedule A-1  Yes – schedule attached Investments (Less than 10% Ownership)
- Schedule A-2  Yes – schedule attached Investments (Greater than 10% Ownership)
- Schedule B  Yes – schedule attached Real Property
- Schedule C  Yes – schedule attached Income & Business Positions (Income Other than Loans, Gifts, and Travel)
- Schedule D  Yes – schedule attached Income – Loans
- Schedule E  Yes – schedule attached Income – Gifts
- Schedule F  Yes – schedule attached Income – Travel Payments

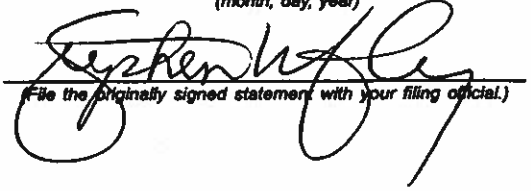
➔  No reportable interests on any schedule

Total number of pages (including this cover page): 3

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED ON 01-05-01 (month, day, year)

SIGNATURE   
(File the originally signed statement with your filing official.)

**Stephen Helvey – Statement of Economic Interests Expanded Statement List  
Annual Statement covering the period of April 1, 2000 to December 31, 2000.**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Financing Authority Executive Director  
CalTIP Board of Directors**

Name  
**STEVE HELVEY**

NAME OF SOURCE  
**PRESBYTERIAN HOSPITAL**  
ADDRESS  
**WASHINGTON BLVD, WHITTIER**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
WHITTIER COLLEGE	\$75.-	4,17,00
GOLF TOURNAMENT	\$	___/___/___
	\$	___/___/___

NAME OF SOURCE  
**LUSK COMPANY - JIM JOHNSON**  
ADDRESS  
**IRVINE, CA**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
GOLF AT	\$75.-	11,10,00
OAK CREEK	\$	___/___/___
	\$	___/___/___

NAME OF SOURCE  
**LUSK COMPANY**  
ADDRESS  
**IRVINE, CA**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
WPOA GOLF	\$75.-	6,16,00
TOURNAMENT	\$	___/___/___
	\$	___/___/___

NAME OF SOURCE  
ADDRESS  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
	\$	___/___/___
	\$	___/___/___
	\$	___/___/___

NAME OF SOURCE  
**(RUSSELL DIX)**  
**CONSOLIDATED DISPOSAL SERVICES**  
ADDRESS  
**SANTA FE SPRINGS**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
GOLF AT ICA	\$75.-	7,7,00
CONFERENCE	\$	___/___/___
	\$	___/___/___

NAME OF SOURCE  
ADDRESS  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
	\$	___/___/___
	\$	___/___/___
	\$	___/___/___

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS A Public Document

CITY OF WHITTIER Date Received 00 APR 18 07:59

Name: Helvey, Stephen; City: Whittier; ZIP: 90602; Phone: (562) 464-3302

COVER PAGE

1. Office, Agency, or Court

Provide precise name. Do not use acronyms.

City of Whittier

Division, Board, District, if applicable:

City Manager

Position:

Expanded Statement - List agency/position:

(Attach a separate sheet if necessary. Do not use acronyms.)

Agency: See attached

Position Title:

2. Office Jurisdiction (Check one)

- State, County of, City of Whittier, Multi-County, Other Caltip

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

- Assuming Office/Initial Date: 04/01/00; Annual; Leaving Office; Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

During the reporting period, did you have any reportable interests to disclose on:

- Schedule A-1, A-2, B, C, D, E, F (Investments, Real Property, Income & Business Positions, Income - Loans, Income - Gifts, Income - Travel Payments)

No reportable interests

Total number of pages (including this cover page): 2

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

Executed on 4-18-00 (month, day, year)

SIGNATURE Stephen Helvey

**Stephen Helvey – Statement of Economic Interests Expanded Statement List  
Assuming Official Statement – April 1, 2000**

**Whittier Redevelopment Agency Executive Director  
Whittier Housing Authority Executive Director  
Whittier Public Financing Authority Executive Director  
CalTIP Board of Directors**