

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) MONTEIRO (FIRST) ALEXANDRE (MIDDLE) T

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

HAWTHORNE City Council COUNCILMEMBER
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of HAWTHORNE
- Judge, Retired Judge, Prof. Tem. Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2019, through December 31, 2019.
-or- The period covered is _____, through December 31, 2019.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left 1/9/20
(Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- 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

12413 RAMONA AVE HAWTHORNE CA 90250
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(310) 686-5464

EMAIL ADDRESS

amonteiro@cityofhawthorne.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 05/6/2020
(month, day, year)

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