MAYOR AND COUNCILMEMBERS FORM 700

JANUARY-DECEMBER 2018

DUE APRIL 1, 2019

MAYOR

ALEX VARGAS

CALIFORNIA FORM 700	STAT
FAIR POLITICAL PRACTICES COMMISSION	

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.	A PUB	LIC DOCUMENT	Ĩ.
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
VARGAS	ALEJANDRO)	
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Hawthorne	0.0	142 - 90 - 2020	
Division, Board, Department, District, if applica	ible	Your Position	
		Mayor	2019 D
► If filing for multiple positions, list below or a	on an attachment. (Do not use	e acronyms)	
Agonov		Position:	
Agency:			RECENTRY CH
2. Jurisdiction of Office (Check at lease	st one box)		
State		Judge or Court Comm	issioner (Statewide Jurisdiction)
Multi-County		County of	0
City of Hawthorne	8	Other	<u>بر</u>
	6		
B. Type of Statement (Check at least of	ie box)		
Annual: The period covered is January December 31, 2018.	1, 2018, through		e Left// (Check one circle.)
-or- The period covered is/_ December 31, 2018.	, through	O The period covere -or- leaving office.	d is January 1, 2018, through the date of
Assuming Office: Date assumed	JJ	O The period covere the date of leaving	d is/, through g office.
Candidate: Date of Election	and office sought,	if different than Part 1:	
I. Schedule Summary (must comp	lete) Iotal number	of pages including this	cover page:
Schedules attached			
Schedule A-1 - Investments - schedu	1 10 000 VA		& Business Positions - schedule attached
Schedule A-2 - Investments – schedu		Schedule D - Income - Gifts	
Schedule B - Real Property – schedu	e attached	Schedule E - Income - Gins	- Travel Payments - schedule attached
-or- 🗆 None - No reportable interest	s on anv schedule		
. Verification			
MAILING ADDRESS STREET	CITY	S	STATE ZIP CODE
(Business or Agency Address Recommended - Public Doct		55 X	CA 00250
11963 Ramona Avenue, Unit C	Hawthorne	EMAIL ADDRESS	CA 90250
(310) 528-6899		 In the second cloud from PROpulation and Intel CRU PE Mark 	
I have used all reasonable diligence in preparir herein and in any attached schedules is true a			est of my knowledge the information contain
I certify under penalty of perjury under the	laws of the State of Californ	nia that the foregoing is true a	ind correct.
I certify under penalty of perjury under the	laws of the State of Californ	nia that the foregoing is true a	Ind correct.
50 St.		ignature_l_l	igned paper statement with your filing official.)

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700

Name

ame

Alejandro Vargas

• Mark either the gift or income box.

- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
National Association of Latino Elected Officials	National Association of Latino Elected Officials
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd.	1122 W. Washington Blvd.
CITY AND STATE	CITY AND STATE
Los Angeles, CA 90015	Los Angeles, CA 90015
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 4 / 27 / 18 4 / 28 / 18 AV (If gift) AMT: \$ 1500	DATE(S): <u>6 / 21 / 19</u> - <u>6 / 23 / 19</u> AMT: <u>\$ 1500</u> (<i>If gift</i>)
► MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: X Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Conference Scholarship	Conference Scholarship
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Rudy Escamilla, LAX Diner	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
11433 Hawthorne Blvd	
CITY AND STATE	CITY AND STATE
Hawthorne, CA 90250	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 9 / 8 / 19 - / _ / AMT: \$200	DATE(S):/// AMT: \$
► MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
O Made a Speech/Participated in a Panel	O Made a Speech/Participated in a Panel
Other - Provide Description Food for Event	O Other - Provide Description
► If Gift, Provide Travel Destination	If Gift, Provide Travel Destination
Comments:	

MIKE TALLEDA

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

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STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
Talleda	Miguel	(Mike)		Luis
l. Office, Agency, or Court				
Agency Name (Do not use acronyms)				<u> </u>
Hawthorne City Council				
Division, Board, Department, District, if app	licable	Your Position		
City Council		Councilma	n	<u> </u>
► If filing for multiple positions, list below	or on an attachment. (Do n	ot use acronyms)		RECEIVED
Agency:		Position:		
2. Jurisdiction of Office (Check at)	least one box)			Ň
State	· ·	Judge or Co	urt Commissioner (S	Statewide Jurisdiction)
Multi-County		+	•	······································
		_		
City of Hawthorne		Uther		
3. Type of Statement (Check at leas	t one box)			
Annual: The period covered is Janua December 31, 2017.		Leaving Of (Check one		//
-or- The period covered is December 31, 2017.	_//, throw	leaving		ary 1, 2017, through the date of
X Assuming Office: Date assumed	12 , 20 , 2018		iod covered is of leaving office.	// through
Candidate: Date of Election	and office so	ought, if different than Part	1:	
4. Schedule Summary (must cor	mplete) 🕨 Total nur	wher of pages include	ing this cover n	1906.
Schedules attached		inter of pageo includi	ng ano ooror p	
Schedule A-1 - Investments - sch	edule attached	X Schedule C - Incon	ne, Loans, & Busine	ess Positions - schedule attached
Schedule A-2 - Investments - sch		Schedule D - Incon		
		V Sahadula E incon	ne – Gifts – Travel I	Doumonte cohodulo ottochod
Schedule B - Real Property - sch	nedule attached			Payments – schedule attached
-or-				r ayments - schedule attached
-or-				
-or- None - No reportable interests 5. Verification	s on any schedule			
-or-	s on any schedule		STATE	ZIP CODE
-Or- Description None - No reportable interests Noreportable interests None - No reportable interests None - No reportable interests STREET (Business or Agency Address Recommended - Public 14147 Hawthorne BL	s on any schedule	TY awthorne		
-Or- Dor- None - No reportable interests None - No reportable interests None - No reportable interests Street (Business or Agency Address Recommended - Public 14147 Hawthorne BL DAYTIME TELEPHONE NUMBER	s on any schedule	TY awthorne E-MAIL ADDRESS	state CA	ZIP CODE
-Or- None - No reportable interests Noreportable interests S. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public 14147 Hawthorne BL DAYTIME TELEPHONE NUMBER (310) 780-4540	s on any schedule	TY awthorne E-MAIL ADDRESS mtalleda@aol.c	STATE CA	ZIP CODE 90250
-Or- Dor- None - No reportable interests None - No reportable interests NalLING ADDRESS STREET (Business or Agency Address Recommended - Public 14147 Hawthorne BL DAYTIME TELEPHONE NUMBER	s on any schedule	TY awthorne E-MAIL ADDRESS mtalleda@aol.c e reviewed this statement ar	STATE CA com id to the best of my	ZIP CODE 90250
-Or- None - No reportable interests 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public 14147 Hawthorne BL DAYTIME TELEPHONE NUMBER (310) 780-4540 I have used all reasonable diligence in pre	s on any schedule	TY awthorne E-MAIL ADDRESS mtalleda@aol.c e reviewed this statement ar rledge this is a public docur	STATE CA CM Id to the best of my nent.	ZIP CODE 90250 knowledge the information containe
-Or- DNONE - No reportable interests None - No reportable interests NAILING ADDRESS STREET (Business or Agency Address Recommended - Public 14147 Hawthorne BL DAYTIME TELEPHONE NUMBER (310) 780-4540 I have used all reasonable diligence in pre herein and in any attached schedules is the	s on any schedule	TY awthorne E-MAIL ADDRESS mtalleda@aol.c e reviewed this statement ar rledge this is a public docur	STATE CA CM Id to the best of my nent.	ZIP CODE 90250 knowledge the information containe

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

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(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
ShorelineWest Realty	
Name	Name
14147 Hawthorne Bl Hawthorne Ca 90250	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 IX Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 /17 ★2,000 - \$10,000 /17 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 //17 \$2,000 - \$10,000 /_/17 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other Other	NATURE OF INVESTMENT
	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$1,000
 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below General Real Estate - no one source is recurring. Every deals brings in a different amount and the amounts are rarely the same 	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 ///17 \$10,001 - \$100,000 ///17 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
Leasehold Other Yrs. remaining	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2017/2018) Sch. A-

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

CALIFORNIA FORM 700

Talleda

Name

M .-

SC	HE	DULE	ΞB
Interests	in	Real	Property

(Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name Taileda

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4207 W 141st	3147-49 W 133rd St
CITY	CITY
Hawthorne Ca 90250	Hawthorne Ca 90250
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	X Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000	X \$10,001 - \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Unit B Odalys Govea	Front House-Javier Gomez & Ana Cruz
Unit C Gilberto Gomez & Carolin Moreno	Rear House- Mary Dunn

You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	NAME OF LENDER*
	John Aitken- Lenders is the seller -
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
	n/a
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None%	<u>5</u> None <u>30 years</u>
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 X OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable

Comments: Other than John Aitken a seller carry back- loans on my Real Estates are by normal institutional lenders

SCHEDULE C Income, Loans, & Business Positions

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(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

AIR POLITICAL PRACTICES COMM

Name M. Talkak

	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Wounded Heroes of America Foundation	ShorelineWest Inc
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
14147 Hawthorne BL Hawthorne Ca 90250	14147 Hawthorne BI Hawthorne CA 90250
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit assisting post 9/11 Combat Wounded Vet	Real Estate
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Exec- Director	Owner Broker
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 X \$10,001 - \$100,000 OVER \$100,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
☐ Other	☐ Other
(Describe)	(Describe)
> 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO)D

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% [] Non	e
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	ersonal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000		City
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		

FPPC Form 700 (2017/2018) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Wounded Heroes of America	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
14147 Hawthorne BL	
CITY AND STATE	CITY AND STATE
Hawthorne CA 90250	
X 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Assisiting post 9/11 Combat Wounded Veterans	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 12 / 20 / 18 - 12 / 24 / 18 AMT: \$	DATE(S):/// AMT: \$
► MUST CHECK ONE: Gift -or- Income	MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description see- comments	O Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/// AMT: \$	DATE(S):// AMT: \$
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	O Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination

Comments: This is not a gift or a reimbursable expense- I just want to clear on this issue- example I recently on 12/20/2018 traveled to the Navajo Reservation in Arizona as a course of the foundation business- the foundation paid for travel and lodging expenses of 1050.00 - WHOA pays for such expenses

ALEX MONTEIRO

CALIFORNIA FORM 7	00
FAIR POLITICAL PRACTICES COMM	ISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.	A F UD			
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
Monteiro	Alexandre		Τ.	-
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Hawthorne				
Division, Board, Department, District, if app	licable	Your Position		
		City Coucmcolma	$-\overline{m}O$	
► If filing for multiple positions, list below of	or on an attachment. (Do not use	e acronyms)	·	- C.J
Agency:		- Position:	RIP 4	
2. Jurisdiction of Office (Check at I	east one box)		NAX Y	, 🐨
State		Judge or Court Comm	issioner (Statewi	alurisdiction)
Multi-County		County of		•
City of Hawthorne		Other		
3. Type of Statement (Check at least	·			
Annual: The period covered is Januar December 31, 2018.	ry 1, 2018, through	Leaving Office: Date	e Left///////	
0r-	<u>, 11 , 2018 ,</u> through			, 18, through the date of
December 31, 2018.	_/, through	-or-leaving office.	u is January 1, 20	ro, infough the date of
Assuming Office: Date assumed	2 , 11 , 2018		d is/	/, through
		the date of leaving		, ,
Candidate: Date of Election	and office sought,	if different than Part 1:		
4. Schedule Summary (must con	nplete) > Total number	of names including this	cover nager	1
Schedules attached		or pageo molaanig ano	ooro, pago,	
	adula altaabad	Cabadula C. Jucomo Leono	9 Dunimon Desili	no ochodulo ottochod
Schedule A-1 - Investments – sche] Schedule C - Income, Loans,] Schedule D - Income – Gifts		
Schedule B - Real Property – sche		Schedule E - Income - Gifts		
			•	
-or- IX None - No reportable intere	əsts on any schedule			
		a a series a		ar na na sana na
5. Verification				
MAILING ADDRESS STREET	CITY	Ę	STATE	ZIP CODE
			CA 9025	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public L	Document)	EMAIL ADDRESS	CA 9025	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I 12413 Ramona Ave. DAYTIME TELEPHONE NUMBER (310) 686-5464	Document) Hawthorne	EMAIL ADDRESS amonteiro@cityhawtho	CA 9025 me.org	0
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I 12413 Ramona Ave. DAYTIME TELEPHONE NUMBER	Document) Hawthorne paring this statement. I have review	EMAIL ADDRESS amonteiro@cityhawtho wed this statement and to the be	CA 9025 me.org	0
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I 12413 Ramona Ave. DAYTIME TELEPHONE NUMBER (310) 686-5464 I have used all reasonable diligence in prep	Document) Hawthorne aring this statement. I have review te and complete. I acknowledge	EMAIL ADDRESS amonteiro@cityhawtho wed this statement and to the be this is a public document.	CA 9025 me.org est of my knowledge	0
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public II 12413 Ramona Ave, DAYTIME TELEPHONE NUMBER (310) 686-5464 I have used all reasonable diligence in prep herein and in any attached schedules is tru I certify under penalty of perjury under the	Document) Hawthorne aring this statement. I have review te and complete. I acknowledge	EMAIL ADDRESS amonteiro@cityhawtho wed this statement and to the be this is a public document.	CA 9025 me.org est of my knowledge	0
(Business or Agency Address Recommended - Public I 12413 Ramona Ave. DAYTIME TELEPHONE NUMBER (310) 686-5464 I have used all reasonable diligence in prep herein and in any attached schedules is tru	Document) Hawthorne varing this statement. I have review the and complete. I acknowledge the laws of the State of Californ	EMAIL ADDRESS amonteiro@cityhawthou wed this statement and to the be this is a public document. his that the foregoing is true a ignature	CA 9025 me.org est of my knowledge	the information contained

OLIVIA VALENTINE

CALIFORNIA FORM 700	STATEMENT OF ECONOMIC INTERESTS	5 Date Initial Filing Received
FAIR POLITICAL PRACTICES COMMISSION	COVER PAGE	
Please type or print in ink.	A PUBLIC DOCUMENT	
NAME OF FILER (LAST)	(FIRST) Divia J.	(MIDDLE)
1. Office, Agency, or Court	c'ivia .	
Haw thorne	City Council De Your Position	
Division, Board, Department, District, if applical		
<u>Councilmen</u>		D
► If filing for multiple positions, list below or o	n an attachment. (Do not use acronyms)	
Agency:	Position:	TO NO
2. Jurisdiction of Office (Check at leas	t one box	
	Judge or Court Commissioner ((Statewide Jurisdiction)
(
Dulti-County City of Haw thorne	Other	10
3. Type of Statement (Check at least on	e box)	
Annual: The period covered is January 1		
December 31, 2018. -or-		ne circle.)
The period covered is/ December 31, 2018.	-or- leaving office.	uary 1, 2018, through the date of
Assuming Office: Date assumed	O The period covered is	//, through
Candidate: Date of Election	and office sought, if different than Part 1:	
4. Schedule Summary (must compl	ete) Total number of pages including this cover pages including this cover pages including the cover page of the cov	page:
Schedules attached		4
Schedule A-1 - Investments - schedule	e attached Schedule C - Income, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments – schedule		NVM22 VEX.02.1 CONVENTION NO.
Schedule B - Real Property – schedule	e attached Schedule E - Income – Gifts – Travel	Payments – schedule attached
-or- D None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docur	CITY STATE	ZIP CODE
4455 W. 126	Street, Hawthorne, CA9	10250
DAYTIME TELEPHONE NUMBER $(3/0)$ 349-2910	EMAIL ADDRESS	horhew Thomas ore
I have used all reasonable diligence in preparing	g this statement. I have reviewed this statement and to the best of my nd complete. I acknowledge this is a public document.	knowledge the information contained
	aws of the State of California that the foregoing is true and corre	eçt.
Date Signed $3/23/19$	Signature	alentine
(month, day, year)	(File the originally signed paper	statement with your filing official.)

	DULE A-1 CALIFORNIA FORM 700
	and Other Interacts
	rest is Less Than 10%) Name
Investments	s must be itemized.
	rage or financial statements.
► NAME OF BUSINESS ENTITY.	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Morval Funds Investment Portfol	lio
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Mutual Funds	NATURE OF INVESTMENT
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule	Partnership O Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18//18 ACQUIRED DISPOSED	// <u>18</u> /_/ <u>18</u> ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule	Partnership O Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18//18 ACQUIRED DISPOSED	//_18//18 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule	(Describe) Partnership O Income Received of \$0 - \$499 (Complexity) O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18//18 ACQUIRED DISPOSED	//_18//18

SCHEDULE B Interests in Real Prope (Including Rental Income)	california form 700 FAIR POLITICAL PRACTICES COMMISSION Name Olivia Vulentine
77 42 Redlands Street, #D 304 7CITYCITYCITYCITYFAIR MARKET VALUE $[augua del Reey, CA 9D 293FAIR MARKET VALUEIF APPLICABLE, LIST DATE:[augua del Reey, CA 9D 293FAIR MARKET VALUEIF APPLICABLE, LIST DATE:[augua del Reey, CA 9D 293[augua del Reey, CA 9D 293FAIR MARKET VALUE[augua del Reey, CA 9D 293FAIR MARKET VALUE[augua del Reey, CA 9D 293[augua del Reeven $	\$10,000 /_/18 /_/18 - \$100,000 ACQUIRED DISPOSED 1 - \$1,000,000 ACQUIRED DISPOSED F INTEREST Easement hold

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% 🗋 None	% None%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000
Guarantor, if applicable	Guarantor, if applicable

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SCHEDU Income, Loans Position (Other than Gifts and	, & Business FAIR POLITICAL PRACTICES COMMISSION Name
4 INCOME DECEMED	
1. INCOME RECEIVED	► 1. INCOME RECEIVED NAME OF SOURCE OF INCOME
ity on Hew Thomas	
	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) Fice of The finitude Director	Denver ASC Payroll Diffice
BUSINESS ACTIVITY IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Councilmember	Retiree
P	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position O
	\$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,00
S10,001 - \$100,000 OVER \$100,000	₩ \$10,001 - \$100,000
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or mo
(Describe)	() (Describe)
Other	Sother Ketivament Income
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
a retail installment or credit card transaction, made in the	l lending institution, or any indebtedness created as part on he lender's regular course of business on terms available atus. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
	Street address

FPPC Form 700 (2018/2019) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov Page - 13

City

(Describe)

Guarantor _____

Other _____

Comments: _

\$500 - \$1,000

\$1,001 - \$10,000

S10,001 - \$100,000

HIGHEST BALANCE DURING REPORTING PERIOD

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



Olivial ale

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization • or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disgualifying conflict of interest.
- For gifts of travel, provide the travel destination. ٠

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
League of California Ceties	
ADDRESS (Buginess Address Acceptable)	ADDRESS (Business Address Acceptable)
400 R Street, Suite 400,	
Sacvinento, CA 95814-3916	CITY AND STATE
Sucrumento, CA 13814-5116	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
11 0 10 10 10 10 10	
DATE(S): 11, 29, 18 - 11, 30, 18 AMT: \$ 544, 63	DATE(S):// AMT: \$
► MUST CHECK ONE: ☐ Gift -or- X Income	► MUST CHECK ONE: Gift -or- Income
X Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
& Other - Provide Description Government-Daid ravelfored vourional/inter-agenty	O Other - Provide Description
ravel for educational/inter-agency	
(f Gift, Provide Travel Destination)(2)+ Reg. 18950 () (2)	► If Gift, Provide Travel Destination
·	
► NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/// AMT: \$	DATE(S):/// AMT: \$
(If gift)	(If gift)
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
O Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
O Other - Provide Description	O Other - Provide Description
	► If Gift, Provide Travel Destination

HAIDAR AWAD