DEPARTMENT HEADS FORM 700

JANUARY - DECEMBER 2018

DUE

APRIL 1, 2019

CITY ATTORNEY



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Miyahira	Russell	1.	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Hawthorne			
Division, Board, Department, District, if	applicable	Your Position	D
City Attorney Department		City Attorney	
➤ If filing for multiple positions, list bel	ow or on an attachment. (Do no	ot use acronyms)	MAR 21
Agency:		Position:	PRIMER A
2. Jurisdiction of Office (Check	at least one box)		· · · ·
State		☐ Judge or Court Commissi	ioner (Statewide Juris Helion)
Multi-County			
⊠ City of Hawthorne		•	
3. Type of Statement (Check at le	east one box)		
Annual: The period covered is Ja December 31, 2018.	nuary 1, 2018, through		eft/ neck one circle.)
-or- The period covered is December 31, 2018.	, throu	th O The period covered in leaving office.	s January 1, 2018, through the date of
Assuming Office: Date assumed			s, through
Candidate: Date of Election	and office sou	ight, if different than Part 1:	
4. Schedule Summary (must c	omplete) > Total num	her of names including this co	ver nage'
Schedules attached	Total Hain.	or or pages moraling and so	vor pagor —
Schedule A-1 - Investments – s	vehodulo attachod	Cohadula C. Ingoma Loone P	Business Positions – schedule attached
Schedule A-2 - Investments - s		Schedule D - Income - Gifts - s	
Schedule B - Real Property - s			ravel Payments – schedule attached
	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and raying the control and
-or- 🗵 None - No reportable in	terests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	CITY	STAT	E ZIP CODE
4455 West 126th Street	Hawtho	orne CA	A 90250
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(310) 349-2967		rmiyahira@cityofhawthorr	ne.org
I have used all reasonable diligence in p herein and in any attached schedules is			of my knowledge the information contained
I certify under penalty of perjury und	er the laws of the State of Cal	ifornia that the foregoing is true and	correct.
Date Signed March 21, 2019		Signature Russell J.	Mynhua
(month, day, ye	er)	(File the originally signe	d paper slatement with your filing official.)

PUBLIC WORKS



Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.	A PUB	LIC DOCUMENT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SHADBEHR	ARNOLD	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
CITY OF HAWTHORNE		
Division, Board, Department, District, if applicable		Your Position
		INTERIM CITY MANAGER
▶ If filing for multiple positions, list below or on an attach	ment. (Do not use	11857 75
Agency:		i C
2. Jurisdiction of Office (Check at least one box)		之类 · 型
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
		en e
Multi-County		County of
☑ City of HAWTHORNE	······································	Other
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018, thropoder 31, 2018.	ough	Leaving Office: Date Left/
The period covered is/	, through	O The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed//		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must complete) ► Schedules attached	Total number	of pages including this cover page:1
Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- No reportable interests on any	schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
4455 WEST 126TH STREET	HAWTHO	RNE CA 90505
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(310) 349-2909		ashadbehr@cityofhawthorne.org
I have used all reasonable diligence in preparing this stated herein and in any attached schedules is true and complete		wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of the	e State of Califorr	nia that the foregoing is true and correct.
MARCH 20TH 2019		Granold Shadlet
Date Signed MARCH 20TH, 2019 (month, day, year)	. S i	ignature(File the originally signed paper statement with your filing official.)

FINANCE

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
LOPEZ	FELICITAS	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
CITY OF HAWTHORNE		
Division, Board, Department, District, if app	olicable Your Position	Pro.)
FINANCE DEPARTMENT	DIRECTO	R OF FINANCE
▶ If filing for multiple positions, list below	or on an attachment. (Do not use acronyms)	FEB REC
Agency:	Position:	RIME Z
2. Jurisdiction of Office (Check at	least one box)	
☐ State	☐ Judge or Co	urt Commissioner (Statewide Jurisdiction)
☐ Multi-County		9
Main county		
☑ City of HAWTHORNE		
3. Type of Statement (Check at leas	t one box)	
Annual: The period covered is Janua December 31, 2018.	Leaving Off	fice: Date Left//(Check one circle.)
December 31, 2018.	or- leaving o	iod covered is January 1, 2018, through the date of office.
★ Assuming Office: Date assumed	02 <u>, 18 , 2019</u> O The peri	iod covered is/, through e of leaving office.
Candidate: Date of Election	and office sought, if different than Part	1:
4. Schedule Summary (must cor	mplete) ▶ Total number of pages includi	ng this cover page:
Schedules attached		
Schedule A-1 - Investments - sch	edule attached Schedule C - Incom	ne, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sch	edule attached Schedule D - Incom	ne - Gifts - schedule attached
☐ Schedule B - Real Property - sch	edule attached Schedule E - Incom	ne - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable inter	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY .	STATE ZIP CODE
4455 W. 126TH STREET	HAWTHORNE	CA 90250
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	
(310) 349-2923		YOFHAWTHORNE.ORG
	paring this statement. I have reviewed this statement and ue and complete. I acknowledge this is a public docum	
I certify under penalty of perjury under	the laws of the State of California that the foregoing	is true and correct.
Date Signed 02/26/2019	Signature	
(month, day, year)	(File	the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Feng	Fei		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			*
City of Hawthorne			
Division, Board, Department, District, if ap	pplicable	Your Position	5
Finance		Director of Finance	2
► If filing for multiple positions, list below	or on an attachment. (Do not use	acronyms)	RE II9 MAR CITY DEPA
Agency:		Position:	30 F 8
2. Jurisdiction of Office (Check at	least one box)		ER D K
State		☐ Judge or Court Commissi	oner (Statewide Jurisdiction)
Multi-County		County of	17
ri - m		Other	CT
El City of		U Other	
3. Type of Statement (Check at lea	st one box)		
] Annual: The period covered is Janu	ary 1, 2018, through	Leaving Office: Date Le	eft/
December 31, 2018.		(Ch	neck one circle.)
	, through		s January 1, 2018, through the date of
December 31, 2018.	2 10 - 10	-or- leaving office.	
Assuming Office: Date assumed _	2,18,7019	O The period covered is the date of leaving of	s/, through ffice.
Candidate: Date of Election	and office sought, i	if different than Part 1:	
4. Schedule Summary (must co	mplete) ► Total number	of pages including this co	ver page:0
Schedules attached			
Schedule A-1 - Investments - sch	nedule attached	Schedule C - Income. Loans. &	Business Positions – schedule attached
Schedule A-2 - Investments - sci		Schedule D - Income - Gifts - s	
Schedule B - Real Property - scl	nedule attached	Schedule E - Income - Gifts - T	ravel Payments - schedule attached
	q.		
-or- ☐ None - No reportable inte	rests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STAT	E ZIP CODE
(Business or Agency Address Recommended - Public 4455 W 126th St	Hawthorne	CA	A 90250
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	00200
(310) 349-2926		ffeng@cityofhawthorne.or	g
I have used all reasonable diligence in pre- herein and in any attached schedules is t			of my knowledge the information contained
I certify under penalty of perjury under	the laws of the State of Californi	a that the foregoing is true and	correct.
Date Signed 3/4/19	Siç	gnature	
(month, day, year)		(File the originally signe	d paper statement with your filing official.)

PLANNING AND COMMUNITY DEVELOPMENT AND ADMINISTRATIVE SERVICES DIRECTOR

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

Please type or print in ink.

NA	IE OF FILER (LAST) (FIRST)		(MIDDLE)
1	Office, Agency, or Court		Paul
I.e.	Agency Name (Do not use acronyms) City of Hawhorne Division, Board, Department, District, if applicable	Administrative Your Position	Services Director
	▶ If filing for multiple positions, list below or on an attachment. (Do not		
	Agency:	Position:	<u> </u>
2.	Jurisdiction of Office (Check at least one box)		PE RE
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		
	City of Hawthorne	Other	
3.	Type of Statement (Check at least one box)		<u> </u>
	Annual: The period covered is January 1, 2018, through December 31, 2018.	Leaving Office: Date Left(Check or	
	The period covered is/, throug December 31, 2018.	h O The period covered is Janu- or-leaving office.	ary 1, 2018, through the date of
	Assuming Office: Date assumed 02 / 18 / 19	The period covered is the date of leaving office.	, through
	Candidate: Date of Election and office sou	ght, if different than Part 1:	
4.	Schedules attached Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached	ber of pages including this cover p Schedule C - Income, Loans, & Busine Schedule D - Income - Gifts - schedu	ess Positions – schedule attached le attached
	Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel I	Payments – schedule attached
-(or- 🔀 None - No reportable interests on any schedule		
5.	Verification		
		norne CA	2IP CODE 90250
	OAYTIME TELEPHONE NUMBER (310) 349 - 2470	ramirez e utyofha	the steer a steer
	I have used all reasonable diligence in preparing this statement. I have reherein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my	
	I certify under penalty of perjury under the laws of the State of Cali	ifornia that the foregoing is true and corre	ct.
	Date Signed 2/27/19 (month, day, year)	Signature (File the originally signed pager.	statement with your filing official.)
_	August 22% Jour	I no the originally digited paper .	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

Please type or print in ink.

NAME C	OF FILER (LAST)	(FIRST)		(MIDDLE)
	hamirez	John		Paul
- 1-25 P	fice, Agency, or Court			
	ency Name (Do not use acronyms) City of Hawtherne vision, Board, Department, District, if applicable	Plans Your Po		ity Development Direct
_	If filing for multiple positions, list below or on an attachn	8975043 32 m		
Ag	gency:	Positio	on:	2
2. Jı	urisdiction of Office (Check at least one box)			DO S
	State	☐ Judge	e or Court Commissioner	(Statewide Jurisdietion)
	Multi-County		ty of	R C - C
(X	(City of Hawthorne		·	NR A M
3. Ty	ype of Statement (Check at least one box)			0.2
	Annual: The period covered is January 1, 2018, thro December 31, 2018.	ugh Leav	ving Office: Date Left (Check of	nne circle.)
	The period covered is/	-or- le	The period covered is January office.	uary 1, 2018, through the date of
X	Assuming Office: Date assumed 02 / 18 / 3	OT th	The period covered is he date of leaving office.	/, through
	Candidate: Date of Election a	and office sought, if different than	n Part 1:	
	chedule Summary (must complete) chedules attached	Total number of pages in	ncluding this cover	page:
	☐ Schedule A-1 - Investments – schedule attached	☐ Schedule C -	- Income, Loans, & Busin	ess Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	N A	- Income - Gifts - schedu	
	Schedule B - Real Property – schedule attached	Schedule E -	- Income – Gifts – Travel	Payments – schedule attached
-or-	None - No reportable interests on any s	chedule		
-	rification			
	MLING ADDRESS STREET usiness or Agency Address Recommended - Public Document)	+ Unwthorn	STATE Ne CA	2IP CODE 90250
DA	YTIME TELEPHONE NUMBER	EMAIL ADDRESS		
(310) 349-2970	rami	rezectyotha	withorne.org
	ave used all reasonable diligence in preparing this statem rein and in any attached schedules is true and complete			knowledge the information contained
I c	ertify under penalty of perjury under the laws of the	State of California that the for	regoing is true and corre	ect.
Da	ate Signed 3 5 19	Signature	(File the originally signed page)	statement with your filing official.)
	[,, orgines poper	

HUMAN RESOURCES



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
YOUSSEFIEH	IRMA	R.
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
CITY OF HAWTHORNE		•
Division, Board, Department, District, if applica	ble	Your Position
HUMAN RESOURCES		INTERIM DIRECTOR OF HUMAN RESOURCESN/
▶ If filing for multiple positions, list below or o	on an attachment. (Do not us	se acronyms)
Agency: N/A		Position:
2. Jurisdiction of Office (Check at leas	et one box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
☑ City of HAWTHORNE		Other
⊠ Oily or	'n	
3. Type of Statement (Check at least on	ie box)	
Annual: The period covered is January 1	, 2018, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is/ December 31, 2018.	, through	 The period covered is January 1, 2018, through the date of or-leaving office.
★ Assuming Office: Date assumed	, 06 , 2018	O The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	t, if different than Part 1:
4. Schedule Summary (must compl	ete) > Total numbo	r of pages including this cover page:1
Schedules attached	oto, Protar number	or pages including this cover page.
Schedule A-1 - Investments - schedul	e attached [Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedul	₩ <u>.</u>	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule	e attached [Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable interests	s on any schedule	<u> </u>
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu.	CITY ment)	STATE ZIP CODE
4455 W. 126TH ST.	HAWTHO	DRNE CA 90250
DAYTIME TELEPHONE NUMBER	\$100 miles (100 miles	EMAIL ADDRESS
(310) 349-2958		IYOUSSEFIEH@CITYOFHAWTHORNE.ORG
I have used all reasonable diligence in preparin herein and in any attached schedules is true a		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the	laws of the State of Califor	rnia that the foregoing is true and correct.
Date Signed 8/6/2018		Signature Am Munif
(mohth, day, year)		(File the originally signed paper statement with your filing official.)

BUILDING AND SAFETY



Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Miya	Kirk	Hisar	mi
1. Office, Agency, or Court			
Agency Name (Do not use acrony)	ns)		0 9
City of Hawthorne			
Division, Board, Department, Distric	t, if applicable	Your Position	- C
Building and Safety		Consultant (Interim Buil	ding Official)
► If filing for multiple positions, list	below or on an attachment. (Do not us	se acronyms)	P S. ERK MENT
Agency:		Position:	س ۵ مار ۵ مار ۱
2. Jurisdiction of Office (Ch	eck at least one hox)		
☐ State	Total at 1000t one now,	☐ Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County		County of	The statement of medical transfer and control of accounts and or the statement of the state
City of Tierranie, City		Other	8 1
3. Type of Statement (Check	at least one box)		
Annual: The period covered is December 31, 2018.	3 January 1, 2018, through	Leaving Office: Date Left (Check	one circle.)
-or- The period covered is December 31, 2018.	s, through	O The period covered is Jar -or- leaving office.	nuary 1, 2018, through the date of
■ Assuming Office: Date assure ■ Assum	ned 01 , 22 , 2019		, through
☐ Candidate: Date of Election _	and office sough	t, if different than Part 1:	
4. Schedule Summary (mus	t complete) > Total number	r of pages including this cover	nage: 1
Schedules attached	to completely Protar number	or pages including this cover	page.
Schedule A-1 - Investments	s – schedule attached	Schedule C - Income, Loans, & Busin	ness Positions – schedule attached
Schedule A-2 - Investments	and the second s	Schedule D - Income - Gifts - sched	
☐ Schedule B - Real Property	/ – schedule attached		I Payments - schedule attached
-or- ⊠ None - No reportable	interests on any schedule		
5. Verification	A and an		
MAILING ADDRESS STREET (Business or Agency Address Recommended)		STATE	ZIP CODE
3797 Garden Grove Blvd	Orange	CA	92868
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(714) 562-1010		kirkm@csgengr.com	
herein and in any attached schedul	es is true and complete. I acknowledge		1.
I certify under penalty of perjury	under the laws of the State of Califo	rnia that the foregoing is true and cor	rect.
Date Signed <u>02/26/19</u>		Signature	
(month, o	ay, year)	(File the originally signed pape	er statement with your filing official.)

COMMUNITY SERVICES



Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

NAM	E OF FILER (LAST)		(FIRST)	(MIDDLE)	
No	orris		Vontray		
1. (Office, Agency, o	r Court			
į	Agency Name (Do not	use acronyms)			
	City of Hawthorne)		, ji	
j	Division, Board, Departn	ment, District, if applicable		Your Position	
	Recreation and Co	ommunity Service Departm	nent	Director of Recreation and Community Services	
	▶ If filing for multiple po	ositions, list below or on an attachr	ment. (Do not	use acronyms)	
	Agency:			Position:	
2.	Jurisdiction of O	Office (Check at least one box)		2019	
	State	energy and the second s		Unidas or Court Commissioner (Statemed Christation)	
				County of ST ST O	
	□ Multi-County □ City of Hawthorn			To the second of	
	X City of	ie .		Other Other	
3.	Type of Statemen	nt (Check at least one box)		2	
	The state of the s	d covered is January 1, 2018, thro	ough	Leaving Office: Date Left/	
	The same of the sa	r 31, 2018.	•	(Check one circle.)	
		d covered is/	, through	O The period covered is January 1, 2018, through the date	of
		r 31, 2018.		-or- leaving office.	
[Assuming Office:	Date assumed//		O The period covered is/	jh
1	Candidate: Date o	of Election a	and office soug	nt, if different than Part 1:	
	01110	(()			
	Schedules attac		Total numb	er of pages including this cover page:	œ
	☐ Schedule A-1 -	Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attach	ed
		Investments – schedule attached		Schedule D - Income - Gifts - schedule attached	
	☐ Schedule B - R	eal Property - schedule attached		☐ Schedule E - Income - Gifts - Travel Payments - schedule attached	
-0	r- 🗵 None - No	reportable interests on any s	schedule		-100
5. \	Verification				55
	MAILING ADDRESS (Business or Agency Address	STREET Recommended - Public Document)	CITY	STATE ZIP CODE	
	1014 245 Street		Harbor C	City CA 90710	
il.	DAYTIME TELEPHONE NUME			EMAIL ADDRESS	
9	(310) 946-7715	Val. Control III III III III	0.00	vnorris@cityofhawthorne.org	
		ole diligence in preparing this staten ned schedules is true and complete		riewed this statement and to the best of my knowledge the information contribution is a public document.	ained
7		7 -	State of Califo	ornia that the foregoing is true and correct.	
	Date Signed 3	26 19 (month day year)		Signature (File the originally signed paper statement with your filing official.)	

POLICE DEPARTMENT CHIEF



COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.	A PUB	LIC DOCUMENT		
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
ISHII	MICHAEL			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
HAWTHORNE POLICE DEPART	MENT			
Division, Board, Department, District, if appli	cable	Your Position	· ·	2
		i. ! CHIEF	OF POLICE	2019
► If filing for multiple positions, list below o	r on an attachment. (Do not use		EPARTME	REC
- DE			20	27
Agency:		_ Position:	2011	D M
2. Jurisdiction of Office (Check at le	aget one how		<u> </u>	Emmily
(.0)	east one box)	_		139
☐ State		☐ Judge or Court Comm	nissioner (Statewide	Jurisdiction)
☐ Multi-County	-	County of		
☑ City of HAWTHORNE		Other		
3. Type of Statement (Check at least	one box)			
Annual: The period covered is January December 31, 2018.	y 1, 2018, through	Leaving Office: Date	te Left/_ (Check one circle.)	
The period covered is December 31, 2018.	/, through	 The period covered leaving office. 	ed is January 1, 201	18, through the date of
★ Assuming Office: Date assumed 10	, 27 , 18			through
Candidate: Date of Election	and office sought,	if different than Part 1:		
4. Schedule Summary (must com	plete) Total number	of names including this	cover nage:	1
Schedules attached	proto, Protar namber	or pages moluting this	cover page.	
Schedule A-1 - Investments - schedule	dule attached	Schedule C - Income, Loans	, & Business Positio	ns - schedule attached
Schedule A-2 - Investments - sched	dule attached	Schedule D - Income - Gifts	- schedule attached	d
☐ Schedule B - Real Property - sched	dule attached	Schedule E - Income - Gifts	 Travel Payments 	 schedule attached
-or- ⊠ None - No reportable intere	ete on anv echadula			
5. Verification	oto on any sonedate			
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Public D		DNE	04 0005	0
12501 HAWTHORNE BLVD DAYTIME TELEPHONE NUMBER	HAWTHO	KNE Temail address	CA 9025	0
(310) 349-2700		MISHII@CITYOFHAW	THORNE.ORG	
I have used all reasonable diligence in prepa herein and in any attached schedules is true			est of my knowledge	the information contained
I certify under penalty of perjury under the			and correct	
Date Signed 3/27/2019	Si	ignature	me	
(month, day, year)		, , ,	signed paper statement with	your filing official)

Date Initial Filing Received Official Use Only

HOUSING



Date Initial Filing Received
Official Use Only

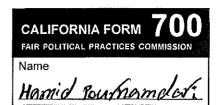
COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
POURNAMDARI	HAMID		
1. Office, Agency, or Court			
Agency Name (Do not use acronym	s)	1	
CITY OF HAWTHORNE			
Division, Board, Department, District,	if applicable You	ur Position	
Housing D	Partment DI	IRECTOR OF HOUSING	2
	elow or on an attachment. (Do not use acronyms,)	REC ZUIS MAR 2 CITY DEPAR
Agency:	Po		10 00 m
2. Jurisdiction of Office (Chec	k at least one box)	į	
State	☐ Ju	udge or Court Commissioner (Sta	tewide Jurisdiction
Multi-County	C	ounty of	
☑ City of HAWTHORNE			
3. Type of Statement (Check a			
Annual: The period covered is December 31, 2018.	January 1, 2018, through	Leaving Office: Date Left O3 (Check one	
The period covered is December 31, 2018.		The period covered is January or-	, 1, 2018, through the date of
Assuming Office: Date assume	b; d b;	The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sought, if different	than Part 1:	
4. Schedule Summary (must	complete) ► Total number of pages	s including this cover pag	ge:
Schedules attached			
Schedule A-1 - Investments	- schedule attached Schedule	e C - Income, Loans, & Business	Positions – schedule attached
☐ Schedule A-2 - Investments		D - Income - Gifts - schedule a	
Schedule B - Real Property	- schedule attached Schedule	e E - Income – Gifts – Travel Pay	ments - schedule attached
-or- ☐ None - No reportable	interests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	STATE	ZIP CODE
P. O BOX 1627	REDONDO BEACH	H CA	90278
DAYTIME TELEPHONE NUMBER	EMAIL ADDR		· · · · · · · · · · · · · · · · · · ·
(310) 408-7608		amdari@cityofhawthorne	
herein and in any attached schedules	n preparing this statement. I have reviewed this state is true and complete. I acknowledge this is a pu	ublic document.	owledge the information contained
I certify under penalty of perjury u	nder the laws of the State of California that the	foregoing is true and correct.)
Date Signed	Signature	H Syll	
(month, day	year)	(File the originally signed paper state	ement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)



ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 11201 LIVONONG AVE CITY	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Ownership/Deed of Trust Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
Leasehold Other	LeaseholdOther
S10 - \$499	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499
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.
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and less 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 HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	### ##################################
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Hamil Bournanday

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 15623 FONTHUL AVE	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY
FAIR MARKET VALUE \$\int \text{3.000} - \text{\$\frac{10000}{10000}} \text{\$\frac{18}{100,000}} \text{\$\frac{18}{1000000}} \text{\$\frac{18}{1000000}} \text{\$\frac{18}{1000000}} \text{\$\frac{18}{1000000}} \text{\$\frac{18}{10000000}} \text{\$\frac{18}{10000000}} \text{\$\frac{18}{100000000}} \text{\$\frac{18}{100000000}} \text{\$\frac{18}{10000000000000000000000000000000000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Ownership/Deed of Trust Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499
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. None	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.
	I I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness 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)%
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,000	HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable	\$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable
Comments	

SCHEDULE B Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	/ /
Hamid Bournar	ndan!

FPPC Form 700 (2018/2019) FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-37/2 www.fppc.ca.gov

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3753 144 St	
CITY	CITY
Hautchorne CA 90250	,
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 // 18 // 18 \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000/18
Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
annual .	MATURE OF INTEREST
NATURE OF INTEREST Ownership/Deed of Trust	NATURE OF INTEREST Ownership/Deed of Trust Easement
M. Ownership beed of flast	
Leasehold Other	Leasehold Other
-	<u>'</u>
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$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.
None	☐ None
business on terms available to members of the public to loans received not in a lender's regular course of busing NAME OF LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
W/J+	
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 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	☐ Guarantor, if applicable
	1
omments: ALSO MY SON ALI	
Yoresty at 11445 Vo Hawthorne ca	PPC Form 700 (2018 FPPC Form 700 (2018 FPPC Advice Email: advice@fppc. FPPC Toll-Free Helpline: 866/275-37/2 www.fppc. Pa