

**DEPARTMENT  
HEADS  
FORM 700**

**JANUARY – DECEMBER 2018**

**DUE**

**APRIL 1, 2019**

# **CITY ATTORNEY**

**COVER PAGE**

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Miyahira Russell I.

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

Agency Name (Do not use acronyms)

City of Hawthorne

Division, Board, Department, District, if applicable

City Attorney Department

Your Position

City Attorney

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

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

RECEIVED  
 2019 MAR 21 A 8:00  
 CITY CLERK  
 DEPARTMENT

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

- State
- Multi-County \_\_\_\_\_
- City of Hawthorne
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page:   1**

**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**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
4455 West 126th Street Hawthorne CA 90250

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 310 ) 349-2967 rmiyahira@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 March 21, 2019  
(month, day, year)

Signature Russell I. Miyahira  
(File the originally signed paper statement with your filing official.)

# **PUBLIC WORKS**

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

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2019 MAR 20 PM 4:38  
CITY CLERK  
DEPARTMENT

► 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 or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
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- or-
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4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached
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- 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)  
4455 WEST 126TH STREET HAWTHORNE CA 90505

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 310 ) 349-2909 ashadbehr@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 MARCH 20TH, 2019  
(month, day, year)

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

# FINANCE

COVER PAGE

A PUBLIC DOCUMENT

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 applicable  
FINANCE DEPARTMENT  
Your Position  
DIRECTOR OF FINANCE

► 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 or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office: Date assumed 02 / 18 / 2019
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- 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) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments – schedule attached
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- 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)  
4455 W. 126TH STREET HAWTHORNE CA 90250

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 310 ) 349-2923 FLOPEZ@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 02/26/2019  
(month, day, year)

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

**COVER PAGE**

*A PUBLIC DOCUMENT*

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 applicable  
Finance  
Your Position  
Director of Finance

▶ 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)*

<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner <i>(Statewide Jurisdiction)</i>
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of Hawthorne	<input type="checkbox"/> Other _____

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

<input type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2018, through December 31, 2018.	<input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____ <i>(Check one circle.)</i>
<input type="checkbox"/> <b>-or-</b> The period covered is ____/____/____, through December 31, 2018.	<input type="checkbox"/> The period covered is January 1, 2018, through the date of leaving office.
<input checked="" type="checkbox"/> <b>Assuming Office:</b> Date assumed <u>2/18/2019</u>	<input type="checkbox"/> <b>-or-</b> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> <b>Candidate:</b> Date of Election _____ and office sought, if different than Part 1: _____	

**4. Schedule Summary (must complete)** ▶ Total number of pages including this cover page: 0

**Schedules attached**

<input type="checkbox"/> Schedule A-1 - <i>Investments</i> – schedule attached	<input type="checkbox"/> Schedule C - <i>Income, Loans, &amp; Business Positions</i> – schedule attached
<input type="checkbox"/> Schedule A-2 - <i>Investments</i> – schedule attached	<input type="checkbox"/> Schedule D - <i>Income – Gifts</i> – schedule attached
<input type="checkbox"/> Schedule B - <i>Real Property</i> – schedule attached	<input type="checkbox"/> Schedule E - <i>Income – Gifts – Travel Payments</i> – schedule attached

**-or-**  **None** - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
4455 W 126th St	Hawthorne	CA	90250	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 310 ) 349-2926	ffeng@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 3/4/19  
*(month, day, year)*

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



**PLANNING AND COMMUNITY  
DEVELOPMENT  
AND  
ADMINISTRATIVE SERVICES  
DIRECTOR**

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Ramirez (FIRST) John (MIDDLE) Paul

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Hawthorne Your Position Administrative Services Director  
Division, Board, Department, District, if applicable

► 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 or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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CITY CLERK  
DEPARTMENT

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office: Date assumed 02 / 18 / 19
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- 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) ► Total number of pages including this cover page: 1

Schedules attached

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- 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)  
4455 W. 126th Street Hawthorne CA 90250

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(310) 349-2970 jramirez@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 2/27/19  
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Hamirez (FIRST) John (MIDDLE) Paul

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Hawthorne

Planning & Community Development Director

Division, Board, Department, District, if applicable

Planning Commission

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 or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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2019 MAR -5 A 0:25  
CITY CLERK  
DEPARTMENT

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.

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

- The period covered is January 1, 2018, through the date of leaving office.

- Assuming Office: Date assumed 02/18/2019

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

- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

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Schedules attached

- Schedule A-1 - Investments - schedule attached
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- 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)

4455 W. 126th Street Hawthorne CA 90250

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 310 ) 349-2970 jramirez@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 3/5/19  
(month, day, year)

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

# **HUMAN RESOURCES**



COVER PAGE

A PUBLIC DOCUMENT

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 applicable Your Position  
HUMAN RESOURCES INTERIM DIRECTOR OF HUMAN RESOURCES

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

Agency: N/A Position:

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

State Judge or Court Commissioner (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 1, 2018, through December 31, 2018.  
Leaving Office: Date Left / /  
The period covered is / / through December 31, 2018.  
Assuming Office: Date assumed 08 / 06 / 2018  
Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 1

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

MAILING ADDRESS STREET CITY STATE ZIP CODE  
4455 W. 126TH ST. HAWTHORNE CA 90250  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 310 ) 349-2958 YOUSSEFIEH@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 8/6/2018 Signature  
(month, day, year) (File the originally signed paper statement with your filing official.)

# **BUILDING AND SAFETY**

**COVER PAGE**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Miya Kirk Hisami

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

Agency Name (Do not use acronyms)  
City of Hawthorne  
Division, Board, Department, District, if applicable  
Building and Safety  
Your Position  
Consultant (Interim Building Official)

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2019 FEB 26 P 5:33  
CITY CLERK  
DEPARTMENT

► 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, CA
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office: Date assumed 01 / 22 / 2019
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- 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) ► Total number of pages including this cover page: 1**

**Schedules attached**

- Schedule A-1 - Investments – schedule attached
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- 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)  
3797 Garden Grove Blvd Orange CA 92868  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 714 ) 562-1010 kirkm@csgengr.com

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 02/26/19  
(month, day, year)

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

# **COMMUNITY SERVICES**



COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Norris Vontray

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Hawthorne

Division, Board, Department, District, if applicable

Recreation and Community Service Department

Your Position

Director of Recreation and Community Services

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 or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election

4. Schedule Summary (must complete) Total number of pages including this cover page: 1

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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
1014 245 Street Harbor City CA 90710
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 310 ) 946-7715 vnorris@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 3/26/19 Signature
(month, day, year) (File the originally signed paper statement with your filing official.)

**POLICE DEPARTMENT**  
**CHIEF**

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
ISHII MICHAEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
HAWTHORNE POLICE DEPARTMENT

Division, Board, Department, District, if applicable Your Position  
CHIEF OF POLICE

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

Agency: Position:

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2019 MAR 27 P 12:00  
CITY CLERK  
DEPARTMENT

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

- State Judge or Court Commissioner (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 1, 2018, through December 31, 2018.
Leaving Office: Date Left
Assuming Office: Date assumed 10 / 27 / 18
Candidate: Date of Election and office sought, if different than Part 1:

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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
12501 HAWTHORNE BLVD HAWTHORNE CA 90250
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 310 ) 349-2700 MISHII@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 3/27/2019 (month, day, year)

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

# HOUSING



COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
POURNAMDARI HAMID

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF HAWTHORNE

Division, Board, Department, District, if applicable

Your Position

Housing Department

DIRECTOR OF HOUSING

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 or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.
Leaving Office: Date Left 03 / 28 / 2019
Assuming Office: Date assumed
Candidate: Date of Election and office sought, if different than Part 1:

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

Schedules attached

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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
P. O BOX 1627 REDONDO BEACH CA 90278
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 310 ) 408-7608 Hpournamdari@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 03-28-2019 (month, day, year)

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

Attached 3 More Schedule B

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name

*Harid Pourmandari*

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
11201 Ligonora AVE  
 CITY  
Hawthorne CA 90250

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
01/01/17 / / 17  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust     Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED NONE  
 \$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$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.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 \_\_\_\_\_  
 CITY  
 \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / / 17 \_\_\_\_\_ / / 17  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust     Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$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.  
 None

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

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

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
*Hamid Boufneima*

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
15023 Fonthill Ave  
CITY  
Hawthorne CA 90250

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED:  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$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.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
\_\_\_\_\_  
CITY  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED:  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$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.  
 None

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NAME OF LENDER\* N/A

ADDRESS (Business Address Acceptable) \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
*Hamid Pournamdar*

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
3753 144 St

CITY  
Hawthorne CA 90250

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/18 DISPOSED 1/18

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$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.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/18 DISPOSED 1/18

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$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.  
 None

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NAME OF LENDER\* N/A

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

Comments: Also MY Son Ali Pournamdar own a Property at 11445 YORK AVE Hawthorne CA 90250