

# **PLANNING COMMISSIONERS**

Rula Alshanable  
Patrick Carey  
Juan Ortiz  
Robert E. Smith  
Jason L. Caraveo

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Alshanableh Rula Jamal

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

Agency Name (Do not use acronyms)  
City of Hawthorne  
Division, Board, Department, District, if applicable  
Planning Commission  
Your Position  
Planning Commissioner

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

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

RECEIVED  
2019 MAR 21 PM 1:14  
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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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: \_\_\_\_\_**

**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

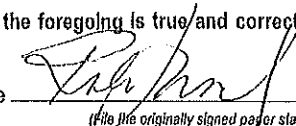
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
4903 West 116th Street Hawthorne CA 90250  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 310 ) 894 2295 rulajamal@yahoo.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 03/18/2019  
(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) SMITH (FIRST) ROBERT (MIDDLE) EDWARD

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

Agency Name (Do not use acronyms)

CITY OF HAWTHORNE

Division, Board, Department, District, if applicable

PLANNING COMMISSION

Your Position

COMMISSIONER

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

Agency: AIRPORT ZONING COMMISSIONER

Position: COMMISSIONER

RECEIVED  
 2019 MAR 14 A 7:51  
 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.
- The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**Schedules attached**

- Schedule A-1 - Investments - schedule attached
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-or-  None - No reportable interests on any schedule

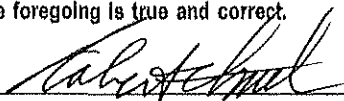
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 11602 B OXFORD AVENUE HAWTHORNE CA 90250  
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
 ( 310 ) 493-3835 RESMITH@EARTHLINK.NET

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 03/13/2019  
 (month, day, year)

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
ROBERT EDWARD SMITH	

**1. BUSINESS ENTITY OR TRUST**

R. E. SMITH and ASSOCIATES  
Name

11602 A OXFORD AVENUE  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
MANAGEMENT AND BUSINESS SERVICES

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		___/___/18	___/___/18
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED		DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION OWNER

**1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		___/___/18	___/___/18
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED		DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**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

WESTCHESTER ASSOCIATION

RICHARD MOON AND ASSOCIATES

**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

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		___/___/18	___/___/18
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED		DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold     Other

Check box if additional schedules reporting investments or real property are attached

**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, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		___/___/18	___/___/18
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED		DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold     Other

Check box if additional schedules reporting investments or real property are attached

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

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

Name  
**ROBERT EDWARD SMITH**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
11602 OXFORD AVENUE

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      /      / 18      DISPOSED      /      / 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      /      / 18      DISPOSED      /      / 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

\_\_\_\_\_

\_\_\_\_\_

\* 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\*  
\_\_\_\_\_

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: \_\_\_\_\_

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Carey	Patrick	Thomas

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

Agency Name (Do not use acronyms)

Planning Commission, City of Hawthorne

Division, Board, Department, District, If applicable

Your Position

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

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

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

RECEIVED  
 2019 MAR 27 P 3 09  
 CITY CLERK  
 DEPARTMENT

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

- State
- Multi-County \_\_\_\_\_
- City of City of Hawthorne

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Los Angeles
- 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.

- 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.

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**

- 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

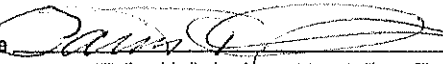
**5. Verification**

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
4588 West 130th Street	Hawthorne	CA	90250	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 310 ) 800-4284	DPE PatCarey@Gmail.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 03/27/2019  
*(month, day, year)*

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name  
Patrick Thomas Carey

**1. BUSINESS ENTITY OR TRUST**

Beach Cities Aviation Academy, LLC.  
Name  
3732 West 120th Street, Hawthorne, CA 90250  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999		____/____/18	____/____/18
<input type="checkbox"/> \$2,000 - \$10,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000			
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input checked="" type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     LLC     Other

YOUR BUSINESS POSITION    Managing Member

**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

**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

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**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, or Assessor's Parcel Number or Street Address of Real Property

---

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000		____/____/18	____/____/18
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

Professional Aviation Training Services  
Name  
4588 West 130th Street, Hawthorne, CA 90250  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Aviation Consulting, FAA Designated Pilot Examiner

---

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input checked="" type="checkbox"/> \$0 - \$1,999		____/____/18	____/____/18
<input type="checkbox"/> \$2,000 - \$10,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000			
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION    Owner

**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

**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

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**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, or Assessor's Parcel Number or Street Address of Real Property

---

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000		____/____/18	____/____/18
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Patrick Thomas Carey
---

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Beach Cities Aviation Academy, LLC.

ADDRESS (Business Address Acceptable)  
 3732 West 120th Street, Hawthorne, CA 90250

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Pilot Flight Training School

YOUR BUSINESS POSITION  
 Managing Member

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.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other LLC. K-1  
 \_\_\_\_\_  
 (Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Professional Aviation Training Services

ADDRESS (Business Address Acceptable)  
 4588 West 130th Street, Hawthorne, CA 90250

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 FAA Flight Examiner, Aviation Consulting

YOUR BUSINESS POSITION  
 Owner

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.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other Cash Payment for Services  
 \_\_\_\_\_  
 (Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, 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\* \_\_\_\_\_

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

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

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

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence  
 Real Property \_\_\_\_\_  
 \_\_\_\_\_  
 Street address  
 \_\_\_\_\_  
 City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 (Describe)

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



**COVER PAGE**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Ortiz Juan Carlos

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

Agency Name (Do not use acronyms)  
City of Hawthorne  
Division, Board, Department, District, if applicable  
Planning Commission  
Your Position  
Planning Commissioner

RECEIVED  
2019 MAR 27 A 8:22  
CITY CLERK  
DEPARTMENT

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

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

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

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- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
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(Check one circle.)
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- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

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- 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

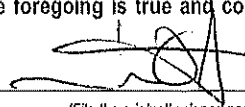
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
4349 W. 135th St. Hawthorne CA 90250  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 213 ) 435-8858 jortiz@qdg-architects.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 3/26/2019  
(month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Juan Carlos Ortiz

NAME OF BUSINESS ENTITY: Target
GENERAL DESCRIPTION OF THIS BUSINESS: Retail
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Juan Carlos Ortiz

**▶ 1. BUSINESS ENTITY OR TRUST**

QDG Architecture  
 Name  
 3055 Wilshire Blvd. Suite 1110, Los Angeles Ca. 90010  
 Address (Business Address Acceptable)

Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  S Corporation  
 Other

YOUR BUSINESS POSITION Partner/Shareholder

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
 Address (Business Address Acceptable)

Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION

**▶ 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

**▶ 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

**▶ 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

HKS Architects

**▶ 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

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 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, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

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

Name  
 Juan Carlos Ortiz

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 120222 Manor Dr.

CITY  
 Hawthorne

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

  \_\_\_/\_\_\_/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  
 Salvador Alvarez  
 Oscar Flores

▶ 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

  \_\_\_/\_\_\_/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

\* 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\*

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: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Juan Carlos Ortiz

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 QDG Architecture

ADDRESS (Business Address Acceptable)  
 3055 Wilshire Blvd. Suite 1110, LA Ca. 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Professional Architectural Services

YOUR BUSINESS POSITION  
 Partner/Shareholder

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.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, 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\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

**COMMISSIONER  
JASON CARAVEO**

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Caraveo (FIRST) Jason (MIDDLE) Lawrence

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

Planning Commissioner

► 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 \_\_\_\_\_

RECEIVED  
 2019 FEB 22 8 48  
 CITY CLERK  
 DEPARTMENT

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 \_\_\_\_\_ (Check one circle.)
- The period covered is \_\_\_\_\_, through December 31, 2018.
- The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed 2/12/2019
- 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
- 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-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
4921 W 118th St #2 Hawthorne CA 90250

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(310) 242-7113 Jason Caraveo@gmail.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 2/22/2019  
 (month, day, year)

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