PLANNING COMMISSIONERS

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



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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Please type or print in lnk.

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Alshanableh	Rula	Já	amal
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Hawthorne			
Division, Board, Department, District, if applica	ble	Your Position	
Planning Commission		Planning Commissio	CAD CAD
▶ If filing for multiple positions, list below or o	on an altachment. (Do not us	se acronyms)	177 5 2
Agency:		Position:	RECEIVE MAR 21 P PARTMEN
2. Jurisdiction of Office (Check at leas	it one box)		DE TA
State		☐ Judge or Court Commission	oner (StateWide Jugisdiction
Multi-County		County of	••
☐ City of Hawthorne		Other	
3. Type of Statement (Check at least or	ne box)		
Annual: The period covered is January of December 31, 2018.	, 2018, through		eft/ eck one circle.)
The period covered is/_ December 31, 2018.	, through	 The period covered is -or- 	s January 1, 2018, through the date of
Assuming Office: Date assumed	J	•	s, through
Candidate: Date of Election	and office sought	t, if different than Part 1:	
4. Schedule Summary (must comp	lete) ▶ Total number	r of pages including this co	ver page:
Schedules attached			
Schedule A-1 - Investments - schedu	e attached	Schedule C - Income, Loans, & I	Business Positions - schedule attached
Schedule A-2 - Investments - schedu	-	Schedule D - Income - Gifts - s	
Schedule B - Real Property – schedu	e atlached] Schedule E - Income – Gilts – T	ravel Payments - schedule attached
-or- 🗵 None - No reportable interest	s on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doce	CITY omeni)	STAT	E ZIP CODE
4903 West 116th Street	Hawthorn	e CA	λ. 90250
(310)894 2295		rulajamal@yahoo.com	
I have used all reasonable diligence in preparing herein and in any attached schedules is true a		ewed this statement and to the best of	of my knowledge the information contained
I certify under penalty of perjury under the	laws of the State of Califor	nia that the foregoing is true/and	correct?
Date Signed 03/18/2019	_	Til hom	
Date Signed (month, day, year)		Signature	d pager statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
SMITH	ROBERT	E	DWARD
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CITY OF HAWTHORNE			D 2011
Division, Board, Department, District, if applic	able	Your Position	
PLANNING COMMISSION		COMMISSIONER	PAR E
► If filing for multiple positions, list below or	on an attachment. (Do not use	, ,	
Agency: AIRPORT ZONING COMM	IISSIONER	Position: COMMISSIO	NEW A B
2. Jurisdiction of Office (Check at lea	est one box)		<u> </u>
State	·	☐ Judge or Court Commissio	ner (Statewide Jurisdiction)
Multi-County		_	
HAMTHODNE			
	1 All All All All All All All All All Al	U Other ——	
3. Type of Statement (Check at least o	one box)		
Annual: The period covered is January December 31, 2018.	1, 2018, through		t/ ock one circle.)
-or- The period covered is/_	, through	•	January 1, 2018, through the date of
December 31, 2018.	, ,		t t thenevely
Assuming Office: Date assumed		the date of leaving offi	ce. , through
Candidate: Date of Election	and office sought, I	If different than Part 1:	
4. Schedule Summary (must comp Schedules attached	olete) ► Total number o	of pages including this cov	er page:3
Schedule A-1 - Investments - schedu	ule attached	Schedule C - Income, Loans, & B	usiness Positions - schedule attached
Schedule A-2 - Investments - schedu	ule attached	Schedule D - Income - Gifts - sc	hedule attached
Schedule B - Real Property − schedule	ule attached	Schedule E - Income - Gifts - Tre	avel Payments - schedule attached
an 🖶 Mana N. (1881)			
-or- None - No reportable interest	ts on any schedule		
5. Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Doc		SIAIE	ZIP GODE
11602 B OXFORD AVENUE	HAWTHOR		90250
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	Fluerde
(310) 493-3835		RESMITH@EARTHLINK.N	
I have used all reasonable diligence in prepari herein and in any attached schedules is true	and complete. I acknowledge the	his is a public document.	
I certify under penalty of perjury under the	a laws of the State of Californi	a that the foregoing is true and o	correct.
Date Signed 03/13/2019	et.	gnature Takenter	buil -
(month, day, year)			paper statement with your filing official.)

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
ROBERT EDWARD SMITH

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST		
R. E. SMITH and ASSOCIATES			
Name	Name		
11602 A OXFORD AVENUE			
Address (Business Address Acceptable)	Address (Business Address Acceptable)		
Check one	Check one		
☐ Trust, go to 2 🗵 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
MANAGEMENT AND BUSINESS SERVICES			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:		
\$0 - \$1,999	\$0 - \$1,999		
\$2,000 - \$10,000	\$2,000 - \$10,000 //18 //18 //18 //18 //18 //18 //18 /		
X \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000		
Over \$1,000,000	Over \$1,000,000		
	WATURE OF INVESTMENT		
NATURE OF INVESTMENT Partnership X Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship		
Other II	Other Other		
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION		
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)		
\$0 - \$499 X \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000		
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000		
\$1,001 - \$10,000	\$1,001 - \$10,000		
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF		
NCOME OF \$10,000 OR MORE (Attach a separate street if necessary.) None or X Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet it necessary.) None or Names listed below		
	Trione of Traines listed solon		
WESTCHESTER ASSOCIATION			
RICHARD MOON AND ASSOCIATES			
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST		
Check one box:	Check one box:		
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY		
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or		
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property		
	Description of Business Activity or		
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	City or Other Precise Location of Real Property		
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	\$10,001 - \$100,000		
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000		
NATURE OF INTEREST	NATURE OF INTEREST		
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership		
Leasehold Other	Leasehold Other		
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property		
are attached	are attached		

Comments:__

SCHEDULE B Interests in Real Property (Including Rental Income)

FAIR POLITICAL PRACTICES COMMISSION

CALIFORNIA FORM

Name

ROBERT EDWARD SMITH

11602 OXFORD AVENUE	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
HAWTHORNE, CA 90250	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 1,18 1,18 1,18 1,18 1,18 1,18	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$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	without regard to your official status. Personal loans and
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busi	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None
business on terms available to members of the public loans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

A PUBLIC DOCUMENT Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Carey	Patrick	Th	omas
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	**************************************		The state of the s
Planning Commission, City of H	lawthorne		
Division, Board, Department, District, If ap	plicable	Your Position	Zilly J.
▶ If filing for multiple positions, list below	or on an attachment. (Do not use	e acronyms)	PARTI
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		W 0
State		☐ Judge or Court Commissio	ner (Statewide Jurisdiction)
Multi-County			}
City of Hawthorne		·	
3. Type of Statement (Check at leas	st one box)		
Annual: The period covered is Janual December 31, 2018.	•		t/ ck one circle.)
-or- The period covered is December 31, 2018.	, through	O The period covered is -or-	January 1, 2018, through the date of
Assuming Office: Date assumed		 The period covered is the date of leaving offl 	, through
Candidate: Date of Election	and office sought,	, if different than Part 1:	
		of some bully this on	er page:
4. Schedule Summary (must co	mplete) ▶ Total number	or pages including this cov	
4. Schedule Summary (must con Schedules attached	mplete) ▶ <i>Total number</i>	or pages including this cov	
- '	_	_	usiness Positions – schedule attached
Schedules attached	nedule attached	_	usiness Positions – schedule attached
Schedules attached Genedule A-1 - Investments - sch	nedule attached	☑ Schedule C - Income, Loans, & B	usiness Positions – schedule attached hedule attached
Schedules attached Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch	nedule attached Secure attached Secure attached Secure attached Secure S	☑ Schedule C - Income, Loans, & B ☑ Schedule D - Income – Gifts – sc	usiness Positions – schedule attached hedule attached
Schedules attached Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch -Or- None - No reportable intel	nedule attached Secure attached Secure attached Secure attached Secure S	☑ Schedule C - Income, Loans, & B ☑ Schedule D - Income – Gifts – sc	usiness Positions – schedule attached hedule attached
Schedules attached Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch Or- None - No reportable intel Verification MAILING ADDRESS STREET	nedule attached nedule attached nedule attached nedule attached nedule attached nests on any schedule	☑ Schedule C - Income, Loans, & B ☑ Schedule D - Income – Gifts – sc	usiness Positions – schedule attached hedule attached avel Payments – schedule attached
Schedules attached Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch None - No reportable intel None - No reportable intel MAILING ADDRESS (Business or Agency Address Recommended - Public	nedule attached nedule attached nedule attached nedule attached nedule attached nedule	Schedule C - Income, Loans, & B Schedule D - Income — Gifts — sc Schedule E - Income — Gifts — Tra	usiness Positions – schedule attached hedule attached avel Payments – schedule attached
Schedules attached Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch Or- None - No reportable intel Verification MAILING ADDRESS STREET	nedule attached nedule attached nedule attached nedule attached nedule attached nests on any schedule	Schedule C - Income, Loans, & B Schedule D - Income — Gifts — sc Schedule E - Income — Gifts — Tra	usiness Positions – schedule attached hedule attached avel Payments – schedule attached
Schedules attached Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch None - No reportable intel STREET (Business or Agency Address Recommended - Public 4588 West 130th Street	nedule attached nedule attached nedule attached nedule attached nedule attached nedule	Schedule C - Income, Loans, & B Schedule D - Income - Gifts - sc Schedule E - Income - Gifts - Tra State	usiness Positions – schedule attached hedule attached avel Payments – schedule attached ZIP CODE
Schedules attached Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch None - No reportable inter STREET (Business or Agency Address Recommended - Public 4588 West 130th Street DAYTIME TELEPHONE NUMBER	nedule attached nedule attached nedule attached nedule attached nedule attached nedule	Schedule C - Income, Loans, & B Schedule D - Income - Gifts - sc Schedule E - Income - Gifts - Tra STATE C CA EMAIL ADDRESS DPE PatCarey@Gmail.com	usiness Positions – schedule attached hedule attached avel Payments – schedule attached ZIP CODE 90250
Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch None - No reportable inter None - No reportable inter None - No reportable inter Street (Business or Agency Address Recommended - Public A588 West 130th Street DAYTIME TELEPHONE NUMBER (310) 800-4284 I have used all reasonable diligence in pre	redule attached redule attached rests on any schedule CITY Document) Hawthorne paring this statement. I have revierue and complete. I acknowledge	Schedule C - Income, Loans, & B Schedule D - Income - Gifts - sc Schedule E - Income - Gifts - Tra STATE CA EMAIL ADDRESS DPE PatCarey@Gmail.com wed this statement and to the best of this is a public document.	usiness Positions – schedule attached hedule attached avel Payments – schedule attached ZIP CODE 90250 m f my knowledge the information contained
Schedules attached Schedule A-1 - Investments - sch Schedule A-2 - Investments - sch Schedule B - Real Property - sch None - No reportable intel None - No reportable intel None - No reportable intel Table Street Business or Agency Address Recommended - Public A588 West 130th Street DAYTIME TELEPHONE NUMBER (310) 800-4284 I have used all reasonable diligence in preherein and in any attached schedules is treed.	redule attached hedule attached hedule attached hedule attached hedule attached hedule attached hedule hedule attached hedule attached hedule attached hedule attached hedule attached hedule hedule attached hedule	Schedule C - Income, Loans, & B Schedule D - Income - Gifts - sc Schedule E - Income - Gifts - Tra STATE CA EMAIL ADDRESS DPE PatCarey@Gmail.com wed this statement and to the best of this is a public document.	usiness Positions – schedule attached hedule attached avel Payments – schedule attached ZIP CODE 90250 m f my knowledge the information contained

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

September 1	CALIFORNIA FORM 700
1	FAIR POLITICAL PRACTICES COMMISSION
ľ	Name
١	Patrick Thomas Carey

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST		
Beach Cities Aviation Academy, LLC.	Professional Aviation Training Services		
Name	Name		
3732 West 120th Street, Hawthorne, CA 90250 Address (Business Address Acceptable)	4588 West 130th Street, Hawthorne, CA 90250 Address (Business Address Acceptable)		
Check one	Check one		
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
	Aviation Consulting, FAA Designated Pilot Examiner		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:		
\$0 - \$1,999	X \$0 - \$1,999		
\$2,000 - \$10,000	\$2,000 - \$10,000/		
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000		
区 Over \$1,000,000	Over \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
Partnership Sole Proprietorship X LLC Other	Partnership X Sole Proprietorship		
YOUR BUSINESS POSITION Managing Member	YOUR BUSINESS POSITION Owner		
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA			
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)		
\$0 - \$499 \$10,001 - \$100,000	☐ \$0 - \$499 ☐ \$10,001 - \$100,000		
\$500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 X OVER \$100,000		
> 3, LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF		
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)		
None or Names listed below	None or Names listed below		
▶ 4, INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR		
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:		
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY		
	-		
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property		
Assessed a Lancer Hamiles of Orice Analogs of Hear Lisporty	Assessed of all derivations of direct Additions of Additionally		
Description of Business Activity or	Description of Business Activity or		
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:		
\$10,001 - \$100,000//18/_/18	\$10,001 - \$100,000/18		
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000		
NATURE OF INTEREST	NATURE OF INTEREST		
Property Ownership/Deed of Trust Stock Partnership	☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership		
Leasehold Other	Leasehold Other		
Yrs, remaining Check box if additional schedules reporting investments or real property	Trs. remaining Check box if additional schedules reporting investments or real property		
are attached	are attached		

Comments:...

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALL	-05/	IIA FC	\=\1\f	7/1	ION
					AB
FAIR PO	LITICAL	PRACT	ICES CO	MMISSI	ON
Name					
IName					
	1 5751		~		
Patric	ж Трс	mas (Jarey		

1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Beach Cities Aviation Academy, LLC.	Professional Aviation Training Services		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
3732 West 120th Street, Hawthorne, CA 90250	4588 West 130th Street, Hawthorne, CA 90250		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Pilot Flight Training School	FAA Flight Examiner, Aviation Consulting		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Managing Member	Owner		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 £1,001 - \$10,000		
☐ \$10,001 - \$100,000	☐ \$10,001 - \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boal, etc.)		
Commission or Rental income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
Other LLC. K-1 (Describe)	(Describe) 区ash Payment for Services (Describe)		
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD		
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of e lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:		
NAME OF LENDER'	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)	%		
ADDICESS (Business Address Acceptable)	SECURITY FOR LOAN		
DESCRIPTION A OTT MITTY IF A NIV OF LEADING	None Personal residence		
BUSINESS ACTIVITY, IF ANY, OF LENDER			
	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Stroet advioss		
\$500 - \$1,000	City		
\$1,001 - \$10,000	Guarantor		
\$10,001 - \$100,000			
OVER \$100,000	Other(Describe)		
	(Especially		
Comments:			



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filling Received Official Use Only

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	MEGANINA MANAGEMENT DE L'ANTINO DE L'ANTIN	(MIDDLE)
Ortiz	Juan	Carlos	8
1. Office, Agency, or Court	TENNENSON AND THE THE PARTY OF	AND THE	
Agency Name (Do not use acronyms)			<u> </u>
City of Hawthorne			2019 Di
Division, Board, Department, District, if applicable		Your Position	TPA A
Planning Commission		Planning Commissioner	売べる。
► If filing for multiple positions, list below or on an a	allachment. (Do not use a	cronyms)	RECEIVE MAR 27 A PARTMEN
Agency:		Position:	~ ~ D
2. Jurisdiction of Office (Check at least one	box)		N
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of	
⊠ City of Hawthorne			
Es Ony of			
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2016 December 31, 2018.	3, through	Leaving Office: Dale Left (Check o	ne circle.)
-or- The period covered is//_ December 31, 2018.	, through	O The period covered is January leaving office.	uary 1, 2018, through the date of
Assuming Office: Date assumed/			, through
Candidate: Date of Election	and office sought, if	•	
4. Schedule Summary (must complete)	► Total number o	f pages including this cover p	page:
Schedules attached			
Schedule A-1 - Investments - schedule attac	ched 🔀 S	Schedule C - Income, Loans, & Busine	ess Positions - schedule attached
Schedule A-2 - Investments − schedule attached	ched S	Schedule D - Income – Gifts – schedu	ile attached
Schedule B - Real Property - schedule attack	ched S	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		MAIL ADDRESS	30230
(213) 435-8858	je	ortiz@qdg-architects.com	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			knowledge the information contained
I certify under penalty of perjury under the laws	of the State of California	that the foregoing is true and corre	ect.
Date Signed 3/26/2019	61	nature Att	
Uate Signed (month, day, year)	sigr	nature	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	NAME OF BUSINESS ENTITY		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
Retail			
FAIR MARKET VALUE [X] \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000		
NATURE OF INVESTMENT Slock Other (Describe)	NATURE OF INVESTMENT Slock Other (Describe)		
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
// 18	//		
NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT		
Stock Other (Oescribe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
// 18// 18	/		
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000		
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)		
Fartnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
// 18// 18	/		
Comments:			

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	, 700
FAIR POLITICAL PRACTICES	
Name	
Juan Carlos Ortiz	

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST		
QDG Architecture			
Name	Name		
3055 Wilshire Blvd. Suite 1110, Los Angeles Ca. 90010	Address (Darks and Little Address (Darks and		
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one		
Trust, go to 2 🗓 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$ 0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE; \$0 - \$1,999		
NATURE OF INVESTMENT Partnership Sole Proprietorship X S Corporation Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other		
YOUR BUSINESS POSITION Partner/Shareholder	YOUR BUSINESS POSITION		
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)		
\$0 - \$499	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000		
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet If necessary.)	➤ 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	None or Names listed below		
HKS Architects			
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:		
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY		
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Enlity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property		
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / / 18	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000		
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Properly Ownership/Deed of Trust Stock Partnership		
Leasehold Other	Leasehold Other		
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached		

Comments:

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Juan Carlos Ortiz

120222 Manor Dr.	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		
CITY	CITY		
Hawthorne	GIT		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 1,000,000 1,000,000 1,000,000 1,000,000 2,000,000 1,0	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000		
NATURE OF INTEREST	NATURE OF INTEREST		
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement		
Leasehold Other	LeaseholdOther		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$50 - \$499 \$500 - \$1,000 \$1,001 - \$10,000		
\$10,001 - \$100,000 OVER \$100,000	\$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	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.		
Usual i IUIES			
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:		
You are not required to report loans from a commercibusiness on terms available to members of the public			
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:		
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*		
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)		
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER		
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)		
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)		
You are not required to report loans from a commercibusiness on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) —		

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

CALIFORNIA FORM	700 ommission
Name	
Juan Carlos Ortiz	

1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
QDG Architecture			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
3055 Wilshire Blvd. Suite 1110, LA Ca. 90010			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Professional Architectural Services			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Partner/Shareholder			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
∑ \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Parlnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
Other	Other		
(Describe)	(Describe)		
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)		
<u> </u>	% \[\] None \[
ADDRESS (Business Address Acceptable)	_		
	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address		
annual.	Street address		
\$500 - \$1,000	Fleal PropertyStreet address		
\$500 - \$1,000 \$1,001 - \$10,000	Street address		
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address City		
\$500 - \$1,000 \$1,001 - \$10,000	Street address City		
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address City Guarantor Other		

COMMISSIONER JASON CARAVEO

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Caraveo.	Jason	Jason Lawrence	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	3/)) »	
	Ylanning Compissioner		
Division, Board, Department, District, if application	cable Your l	Position	
► If filing for multiple positions, list below or	on an attachment. (Do not use acronyms)	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Agency:	Posit	on:	
2. Jurisdiction of Office (Check at le	ast one box)		DE NO
☐ State	□ Jud	je or Court Commissioner (Sta	atewide Jurisolietion)
Multi-County	Cou	nty of	7 a 5
Scily of Hawthorne	Othe	or	
O True of Chalanages (a)			
 Type of Statement (Check at least of Annual: The period covered is January December 31, 2018. 		ving Office: Date Left (Check one	
The period covered is/.	work.	The period covered is January leaving office.	y 1, 2018, through the date of
Assuming Office: Dale assumed	12,2019	The period covered is	/, through
Candidate: Date of Election	and office sought, if different th	an Part 1;	
4. Schedule Summary (must complete) ► Total number of pages including this cover page:			
Schedule A-1 - Investments - sched	ule attached Schedule C	- Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - sched		- Income - Gifts - schedule	
Schedule B - Real Property - sched	ule attached Schedule E	- Income - Glfts - Travel Page	yments – schedule attached
-or- ☑ None - No reportable interests on any schedule			
5. Verification		and the first terms of the second	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	cument) 2 Hawthunc	STATE	21P CODE 90250
DAYTIME TELEPHONE NUMBER (310) 242-7113	EMAIL ADDRES	s asun Caraveo B g	mail.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	· Signature	form lower	
(monih, day, year)		AFile the originally signed paper stal	lement with your filing official.)