

Date Received
Official Use Only
CITY CLERK
HAWTHORNE, CA
13 APR -2 PM 9:47
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
By Vargas Alejandro

1. Office, Agency, or Court

Agency Name
City of Hawthorne
Division, Board, Department, District, if applicable
City Council
Your Position
Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ 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 _____

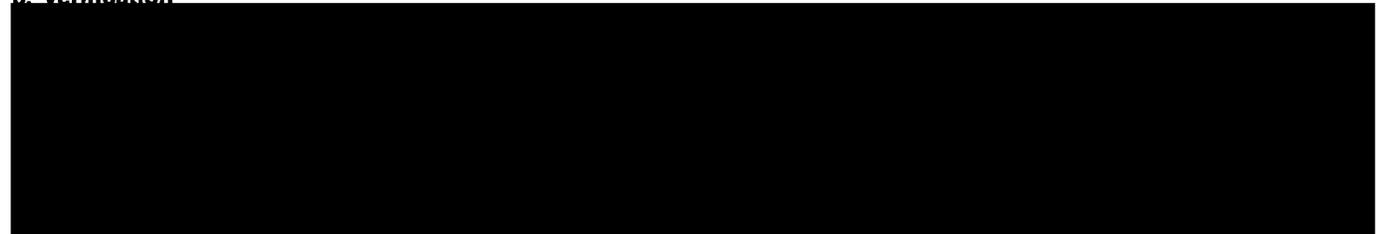
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- Leaving Office: Date Left ____/____/____ (Check one)
- Multi-County _____ County of _____
- Other _____
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." **► Total number of pages including this cover page: _____**
- 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
- None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of

Date Signed 04/01/2013
(month, day, year)

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

Name
 Alex Vargas

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 National Association of Latino Elected Officials

ADDRESS (Business Address Acceptable)
 1122 W. Washington Blvd.

CITY AND STATE
 Los Angeles, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 02 / 24 / 12 - 02 / 26 / 12 AMT: \$ 2,000.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Conference Scholarship

▶ NAME OF SOURCE (Not an Acronym)
 National Association of Latino Elected Officials

ADDRESS (Business Address Acceptable)
 1122 W. Washington Blvd.

CITY AND STATE
 Los Angeles, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 04 / 20 / 12 - 04 / 22 / 12 AMT: \$ 2,000.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Conference Scholarship

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____