



Please type or print in ink.

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

Valentine, Olivia J.

14 APR 29 PM 5:21  
CITY CLERK  
HAWTHORNE, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Hawthorne City Council

Division, Board, Department, District, if applicable

Your Position

Mayor Pro Tem

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  
FAIR POLITICAL  
PRACTICES COMMISSION  
2014 MAY -7 PM 12:30

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2013.

- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.

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: 2

- 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. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 4/29/14  
(month, day, year)

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

- 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)*

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

14 APR 29 PM 5:21  
 CITY PLEASANTON  
 HAYTHORNE CA

▶ 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

**Filer's Verification**

California that the foregoing is true and correct.

Date Signed April 29, 2014  
*(month, day, year)*

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
Official Use Only



Please type or print in ink.

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

Valentine, Olivia J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Hawthorne City Council

Division, Board, Department, District, if applicable

Mayor Pro Tem

Your Position

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

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

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

14 MAR 25 PM 2:01  
CITY CLERK  
HAWTHORNE, CA

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of

Hawthorne

Other \_\_\_\_\_

2014 APR 11 PM 4:03  
RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

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

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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: 5

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

Date Signed

3/24/14  
(month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name  
Olivia Valentine

▶ NAME OF BUSINESS ENTITY  
Allianz

GENERAL DESCRIPTION OF THIS BUSINESS  
Mutual Funds Investment Portfolio

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

NATURE OF INVESTMENT  
 Stock       Other Mutual Funds  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

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

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

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

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

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

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

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

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED                  DISPOSED

Comments:



**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Alison Stevens

ADDRESS (Business Address Acceptable)  
4455 W. 126 St.  
Hawthorne, CA 90250

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Assistant City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 14, 14</u>	<u>\$ 80.00</u>	<u>Ticket to Musical Production</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name Valentine

- 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)  
Surf Air Aircraft Programs

ADDRESS (Business Address Acceptable)  
1207 4<sup>th</sup> Street, #400B

CITY AND STATE  
Santa Monica, CA 90401

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

DATE(S): 2/11/11 - 2/11/11 AMT: \$ 45.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Round Trip to and from Hawthorne Airport to San Carlos, CA.

▶ 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 \_\_\_\_\_

▶ 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: \_\_\_\_\_