

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

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TN

Please type or print in ink.

NAME OF FILER (LAST) Vargas (FIRST) Alejandro

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
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. (Do not use acronyms)

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, 2013, through December 31, 2013.
-or-
The period covered is _____, through December 31, 2013.
 Assuming Office: Date assumed _____
 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.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

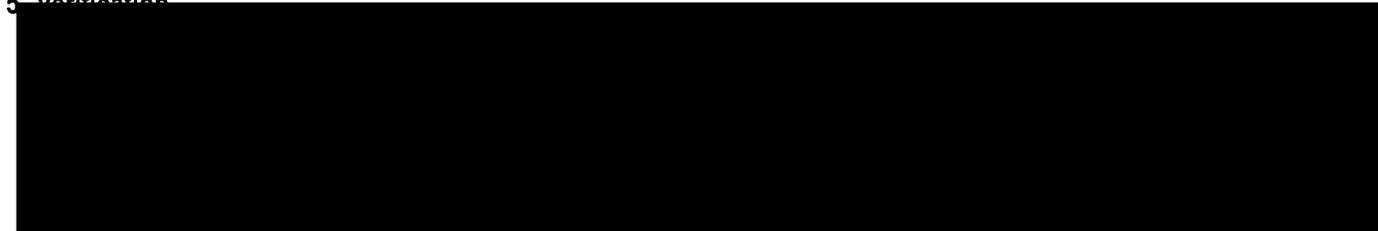
4. Schedule Summary

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

-or-
 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)

Name
Alejandro Vargas

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

- 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): 08 / 23 / 13 - 08 / 25 / 13 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): 11 / 22 / 13 - 11 / 24 / 13 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)
Southwest Voter Registration Education Project
 ADDRESS (Business Address Acceptable)
1426 El Paso Street, Suite B
 CITY AND STATE
San Antonio, TX 78207
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 01 / 12 / 13 - 01 / 12 / 13 AMT: \$ 100.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Training 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 _____

Comments: _____