

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GINSBURG JEFFREY JASON

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF REDONDO BEACH

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

DISTRICT 1

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

Agency: West Basin Water Association

Position: Alternate

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
14 APR 14 PM 12:28

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

- State
- Multi-County _____
- City of REDONDO BEACH
- 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, 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: 9

- 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



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

Date Signed 02/13/2014

(month, day, year)

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NAME OF FILER (LAST) (FIRST) 14 FEB 13 P3:19 (MPE)
GINSBURG JEFFREY JASON

1. Office, Agency, or Court

CITY CLERK'S OFFICE
REDONDO BEACH CALIFORNIA

Agency Name (Do not use acronyms)

CITY OF REDONDO BEACH

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

DISTRICT 1

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

Agency: SEE CC-1305-047 (ATTACHED)

Position:

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 14 PM 12:28

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of REDONDO BEACH

Other _____

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Leaving Office: Date Left ____/____/____ (Check one)

-or-

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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-

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Agency Name (Do not use acronyms)

CITY OF REDONDO BEACH

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

DISTRICT 1

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

Agency: Redondo Beach Sister Cities Committee

Position: Alternate

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 14 PM 12:28

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- State
- Multi-County _____
- City of REDONDO BEACH
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Agency Name (Do not use acronyms)

CITY OF REDONDO BEACH

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

DISTRICT 1

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

Agency: League of California Cities - General

Position: Alternate

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2014 APR 14 PM 12:28

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Agency Name (Do not use acronyms)

CITY OF REDONDO BEACH

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

DISTRICT 1

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

Agency: South Bay Cities Council of Governments (SBCCOG)

Position: Alternate

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 14 PM 12:28

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- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of REDONDO BEACH Other _____

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

Date Signed 02/13/2014
(month, day, year)

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
GINSBURG, JEFF

1. BUSINESS ENTITY OR TRUST

NSI CORPORATION

Name
 1611 S CATALINA AVE STE 115, REDONDO BEACH

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
BROKER/PROPERTY MANAGEMENT

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/13 _____/_____/13

\$2,000 - \$10,000 _____/_____/13 _____/_____/13

\$10,001 - \$100,000 _____/_____/13 _____/_____/13

\$100,001 - \$1,000,000 _____/_____/13 _____/_____/13

Over \$1,000,000 _____/_____/13 _____/_____/13

NATURE OF INVESTMENT

Partnership Sole Proprietorship CORPORATION Other

YOUR BUSINESS POSITION **PRESIDENT**

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

SEE EXHIBIT #104

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 _____/_____/13 _____/_____/13

\$10,001 - \$100,000 _____/_____/13 _____/_____/13

\$100,001 - \$1,000,000 _____/_____/13 _____/_____/13

Over \$1,000,000 _____/_____/13 _____/_____/13

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

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 _____/_____/13 _____/_____/13

\$2,000 - \$10,000 _____/_____/13 _____/_____/13

\$10,001 - \$100,000 _____/_____/13 _____/_____/13

\$100,001 - \$1,000,000 _____/_____/13 _____/_____/13

Over \$1,000,000 _____/_____/13 _____/_____/13

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

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

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 _____/_____/13 _____/_____/13

\$10,001 - \$100,000 _____/_____/13 _____/_____/13

\$100,001 - \$1,000,000 _____/_____/13 _____/_____/13

Over \$1,000,000 _____/_____/13 _____/_____/13

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: This entity does not own investment/real property.

FPPC FORM 700
EXHIBIT #104
(UPDATED 2/13/2014)

Names of single source income of \$10,000 or more:

Ginsburg, Greg
Kensington Apartments, Inc.
Plaza Riviera 1 LLC & Plaza Riviera 2 LLC
Weston Apartments, Inc.
Pacific Surgical Institute
Ginsburg, Jeffrey Jason
504 Esplanade, Inc.
2512 Artesia, Inc.
Persephones Trust

A handwritten signature in black ink, located in the bottom right corner of the page. The signature is stylized and appears to be the initials 'JG'.

FPPC FORM 700
EXHIBIT #105
(UPDATED 2/13/2014)

Names of single source income of \$10,000 or more:

Syn Chiropractic Inc – STE 100
Sacks on the Beach (dba of: Ledermann, Cindy) – STE 120
Chez Melange LLC – STE 150
Marina Lange DDS – STE 200
Meridian Medical Systems, LLC – STE 202
New Empire Entertainment Insurance – STE 204
Yonamine Company – STE 205
South Bay Workforce Investment Board – STE 207
Next Step Social LLC – STE 210
International Management Associates – STE 212
T2 Technology Group, LLC – STE 214
Securities Corporation – STE 309
National Health Quest – STE 310
Hoffer & Harris, A Professional Law Corporation – STE 330
MPG Operations LLC – STE 345
NSI Corporation – STE 350
William F Clark, Attorney at Law – STE 388
Dance Forever Studio (dba of: Campbell, Cari) – STE L30
Spade Skin Care (dba of: Neyestanki, Marjan) – STE L70
Just Relax (dba of: Ma, Wen Qian) – STE L90



FPPC FORM 700
EXHIBIT #111
(UPDATED 2/13/2014)

Names of single source income of \$10,000 or more:

Peterson, Glenn - 301
Meneses, Ramon - 304
Ladochy, Jenette Teresa & Hicks - 305
Mackiewicz, Steven - 307
Keefe, Molly & Lujan, Andrew - 401
Sugimura, Lillian - 402
Fusco, Anthony - 403
Faigley, Phillip - 404
Brewer, Kathy - 405
Pichel, Karin & Muenzer, Carole - 406
Ideka, George - 408
Kolega, Tomislav - 409
Baugh, Jon - 501
Duwe, Mark - 502
Meese, Deborah - 503
Hikihara, Shiro - 504
O'Connor, Nancy - 505
Ross, Sheri - 506
Miller, Katherine - 507
Yeaman, Michael - 508



SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
GINSBURG, JEFF

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2512 ARTESIA BLVD

CITY
REDONDO BEACH, CA 90277

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/_____
 \$10,001 - \$100,000 _____/_____/_____
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000 _____/_____/_____
13 13

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
SEE EXHIBIT #116

▶ 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 ACQUIRED DISPOSED
 Over \$1,000,000 _____/_____/_____
13 13

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 commercial lending institutions 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: _____



FPPC FORM 700
EXHIBIT #116
(UPDATED 2/13/2014)

Names of single source income of \$10,000 or more:
Pacific Surgical Institute – STE 310
Senate Rules Committee – STE 320

