



2014 APR -1 PH 6:10

Please type or print in ink.

NAME OF FILER (LAST) GUERRERO (FIRST) JACK (MIDDLE) CITY OF CUDAHY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF CUDAHY

Division, Board, Department, District, if applicable

Your Position

MAYOR

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

Agency: N/A

Position: N/A

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of CUDAHY

Other

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: 10

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 California that the foregoing is true and correct.

Date Signed 04/01/2014 (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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
GUGERCO, JACK

▶ NAME OF BUSINESS ENTITY
AMERICAN EXPRESS COMPANY

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL/ CREDIT SERVICES

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
CITIGROUP

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL/ MONEY CENTER BANKS

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
JP MORGAN CHASE & CO.

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL/ MONEY CENTER BANKS

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
APPLE, INC.

GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMER GOODS/ ELECTRONIC

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
GOLDMAN SACHS GROUP, INC.

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL/ INVESTMENT BROKERAGE

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
BANK OF AMERICA CORP

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL/ MONEY CENTER BANKS

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 12 / 18 / 13
 ACQUIRED DISPOSED

Comments: _____

A-1
(Continued)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name GUERRERO, JACK

▶ NAME OF BUSINESS ENTITY
MELCO CROWN ENTERTAINMENT

GENERAL DESCRIPTION OF THIS BUSINESS
SERVICES/ RESORTS AND CASINOS

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** _____ / **01** / _____ / **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)
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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
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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
GUERRERO, JACK

▶ NAME OF SOURCE (Not an Acronym)
NEW MAJORITY CALIFORNIA

ADDRESS (Business Address Acceptable)
2350 KERNER BLVD SAN RAFAEL CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE
POLITICAL ACTION COMMITTEE - REPUBLICAN

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 13	\$ 25.00	BREAKFAST- LA, CA
11 / 20 / 13	\$ 50.00	DINNER- SAN DIEGO
12 / 12 / 13	\$ 50.00	DINNER- SAN DIEGO

▶ NAME OF SOURCE (Not an Acronym)
HISPANIC 100 POLICY COMMITTEE, INC.

ADDRESS (Business Address Acceptable)
P.O. BOX 194 SAN CLEMENTE, CA 92674

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LEADERSHIP & ADVOCACY - FREE MARKETS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 13	\$ 25.00	DINNER (EVENT)
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA REPUBLICAN PARTY

ADDRESS (Business Address Acceptable)
1903 W. MAGNOLIA BLVD., BURBANK CA 91506

BUSINESS ACTIVITY, IF ANY, OF SOURCE
POLITICAL PARTY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 13	\$ 100.00	DINNER-GOV PERRY
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
OLIVAREZ MADRUGA

ADDRESS (Business Address Acceptable)
1100 S FLOWER #2200 LOS ANGELES, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATTORNEYS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 13	\$ 25.00	DINNER
06 / 29 / 13	\$ 60.00	WORKING DINNER
11 / 11 / 13	\$ 25.00	WORKING DINNER

▶ NAME OF SOURCE (Not an Acronym)
N/A

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)
N/A

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: **CALIFORNIA REPUBLICAN PARTY DINNER TICKET PROVIDED BY INTERMEDIARY ORGANIZATION - GROW ELECT (PAC) 1020 12TH ST STE 232 SACRAMENTO, CA 95814**

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

Name
 GUERRERO, JACK

- 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)
 NALEO EDUCATIONAL FUND

ADDRESS (Business Address Acceptable)
 1122 W. WASHINGTON BLVD., THIRD FLOOR

CITY AND STATE
 LOS ANGELES, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 EDUCATIONAL & PROFESSIONAL DEVELOPMENT

DATE(S): 08 / 23 / 13 - 08 / 25 / 13 AMT: \$ 1,500.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL, LODGING, & TRAINING MATERIALS -
LATINO AGING POPULATION COURSE (ALBQ, NM)

▶ NAME OF SOURCE (Not an Acronym)
 NALEO EDUCATIONAL FUND

ADDRESS (Business Address Acceptable)
 1122 W. WASHINGTON BLVD., THIRD FLOOR

CITY AND STATE
 LOS ANGELES, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 EDUCATIONAL & PROFESSIONAL DEVELOPMENT

DATE(S): 11 / 21 / 13 - 11 / 24 / 13 AMT: \$ 1,700.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL, LODGING & TRAINING MATERIALS -
EMERGENCY PREPAREDNESS COURSE (ORL, FL)

▶ NAME OF SOURCE (Not an Acronym)
 WATER EDUCATION FOR LATINO LEADERS

ADDRESS (Business Address Acceptable)
 930 COLORADO BLVD, BLDG 2

CITY AND STATE
 LOS ANGELES, CA 90041

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

DATE(S): 03 / 22 / 13 - 03 / 22 / 13 AMT: \$ 100.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
LUNCH, CONTINENTAL BREAKFAST, AND
TRAINING MATERIALS - FULL DAY CONFERENCE

▶ NAME OF SOURCE (Not an Acronym)
 CUDAHY ECONOMIC DEVELOPMENT CORP

ADDRESS (Business Address Acceptable)
 5220 SANTA ANA ST

CITY AND STATE
 CUDAHY, CA 90201

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

DATE(S): 05 / 19 / 13 - 05 / 21 / 13 AMT: \$ 1,100.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
ICSC CONVENTION REGISTRATION AND TRAVEL
(PARTICIPATING AS CHAIRMAN OF BOARD)

Comments: _____

E
(Continued)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
GUERRERO, JACK

- 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)
CA JOINT POWERS INSURANCE AUTHORITY

ADDRESS (Business Address Acceptable)
8081 MOODY ST

CITY AND STATE
LA PALMA, CA 90623

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
JOINT POWERS INSURANCE AUTHORITY

DATE(S): 06 / 23 / 13 - 06 / 25 / 13 AMT: \$ 500.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
NEWLY ELECTED LEADERSHIP TRAINING
(PARTICIPATING IN CAPACITY AS MAYOR)

▶ NAME OF SOURCE (Not an Acronym)
N/A

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)
N/A

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)
N/A

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: **TRAINING REQUIRED AS PART OF THE CITY'S MEMBERSHIP IN THE CALIFORNIA JOINT POWERS INSURANCE AUTHORITY - PARTICIPATED IN MY CAPACITY AS CITY MAYOR**