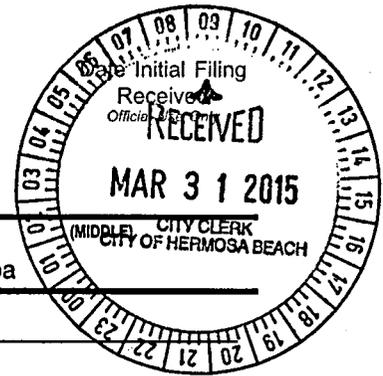


STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

TN



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Barragan Nanette Barba

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Hermosa Beach

Division, Board, Department, District, if applicable

Your Position

City Council

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 Hermosa Beach  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2014.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
  - The period covered is January 1, 2014, 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 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.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/2015  
(month, day, year)

**SCHEDULE D**  
**Income – Gifts**

Name  
**Nanette Barragan**

▶ NAME OF SOURCE (Not an Acronym)  
**Transtech**  
 ADDRESS (Business Address Acceptable)  
**13367 Benson Avenue, Chino, CA 91710**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Engineering Services**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 14	\$ 60.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Southwest Airlines**  
 ADDRESS (Business Address Acceptable)  
**PO Box 36647, Dallas, Texas 75235**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 14	\$ 100.00	Travel voucher @
___ / ___ / ___	\$ _____	NALEO Conference
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Jerry Levey, JL Levey Associates**  
 ADDRESS (Business Address Acceptable)  
**1925 Century Park East, LA 90067**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 24 / 14	\$ 135.00	Ticket-Jewish Labor
10 / 19 / 14	\$ 125.00	Ticket -FDR Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**The Latino Legislative Caucus Foundation**  
 ADDRESS (Business Address Acceptable)  
**777 S. Figueroa St. #4050, LA, CA 90071**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 14	\$ 36.25	KDL Swear-in Receptn
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Michael Jenkins, Esq**  
 ADDRESS (Business Address Acceptable)  
**1230 Rosecrans, Manhattan Beach 90266**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**City Attorney**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 14	\$ 60.00	Dinner @ Ella
___ / ___ / ___	\$ _____	Sacramento
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Bobby Guzman - Society of Hispanic Prof Engineers**  
 ADDRESS (Business Address Acceptable)  
**PO Box 86361, LA 90086**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 14	\$ 125.00	Reception ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**Nanette Barragan**

▶ NAME OF SOURCE (Not an Acronym)  
JSK Productions - Jenie Sae Koo  
 ADDRESS (Business Address Acceptable)  
16835 Algonquin St Huntington Bch  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 92649

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4,28,14</u>	<u>\$ 50 -</u>	<u>Reception-STEAM</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**

Name  
Nanette Barragan

- 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 National Assc'n of Latino Elected Officials

ADDRESS (Business Address Acceptable)  
1122 W. Washington Blvd. LA, CA 90015

CITY AND STATE

---

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

---

DATE(S): 11 / 19 / 14 - 11 / 23 / 14 AMT: \$ 692.64  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Air and Hotel

▶ NAME OF SOURCE (Not an Acronym)  
Water Education for Latino Leader Conference

ADDRESS (Business Address Acceptable)  
930 Colorado Blvd., LA, CA 90041

CITY AND STATE

---

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

---

DATE(S): 03 / 06 / 14 - 03 / 07 / 14 AMT: \$ 400.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Air and Hotel

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

---

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

---

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

---

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

---

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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