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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Fellhauer Marie Caron

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of El Segundo

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

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PRACTICES COMMISSION
2015 APR - 6 PM 2:38

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

Agency: Please refer to attached listing

Position:

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

- State
- Multi-County _____
- City of El Segundo

- 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, 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: 5

- 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

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

I certify under penalty of perjury under the laws of the State of California that the information provided herein is true and complete.

Date Signed 3/23/15
(month, day, year)

**AGENCIES/COMMITTEES
FORM 700 2014-2015**

COUNCIL MEMBER MARIE FELLHAUER

AGENCY	POSITION	PERIOD
CITY OF EL SEGUNDO COUNCIL	COUNCIL MEMBER	01/01/2014 12/31/2014
INDEPENDENT CITIES ASSOCIATION	DELEGATE	05/06/2014 12/31/2014
LEAGUE OF CALIFORNIA CITIES	DELEGATE	05/06/2014 12/31/2014
SOUTH BAY CITIES COUNCIL OF GOVERNMENTS (COG)	ALTERNATE	05/06/2014 12/31/2014
SOUTH BAY YOUTH PROJECT	ALTERNATE	05/06/2014 12/31/2014
BLUE RIBBON BICYCLE ADVISORY BOARD	DELEGATE	05/06/2014 12/31/2014

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
ICN North America Happy Chinese New Year Gala
 ADDRESS *(Business Address Acceptable)*
9550 Flari Drive, Suite 102, El Monte, CA 91731
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Information, Culture, News

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 14	\$ 100.00	Ticket to Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____