

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**



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 City Clerk's Office

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Fuentes Suzanne Marie

**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  
 Mayor

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 FAIR POLITICAL  
 PRACTICES COMMISSION  
 2015 APR -6 PM 2:38

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

Agency: Refer to the Attached Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of El Segundo  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 \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

**4. Schedule Summary**

- Check applicable schedules or "None."** ► Total number of pages including this cover page: 4
- 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 that the information provided herein and in any attached schedules is true and complete. I acknowledge that I am subject to the provisions of the Political Reform Act and I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Date Signed March 24, 2015  
 (month, day, year)

**AGENCIES/COMMITTEES  
FORM 700 2014-2015  
MAYOR SUZANNE FUENTES**

<b>AGENCY</b>	<b>POSITION</b>	<b>PERIOD</b>
CITY OF EL SEGUNDO COUNCIL	MAYOR / COUNCIL MEMBER	01/01/2014 12/31/2014
LEAGUE OF CALIFORNIA CITIES	ALTERNATE	01/01/2014 12/31/2014
REACH OUT AGAINST DRUGS (ROAD)	DELEGATE	01/01/2014 12/31/2014
SENIOR CITIZEN HOUSING CORPORATION BOARD (PARK VISTA)	DELEGATE	06/18/2014 12/31/2014
SOUTH BAY CITIES COUNCIL OF GOVERNMENTS (COG)	DELEGATE	01/01/2014 12/31/2014
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS	ALTERNATE	01/01/2014 12/31/2014
LOS ANGELES COUNTY SANITATION DISTRICT 5 & SBC	DELEGATE	05/16/2014 12/31/2014
CITY / SCHOOL AFFAIRS SUBCOMMITTEE	DELEGATE	01/01/2014 12/31/2014
DIASTER COUNCIL	DELEGATE	05/06/2014 12/31/2014
CITY SELECTION COMMITTEE	DELEGATE	05/06/2014 12/31/2014

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Suzanne Fuentes
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**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Northrop Grumman Corporation

ADDRESS (Business Address Acceptable)  
 2980 Fairview Park Drive, Falls Church, VA 22042

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Defense and Technology

YOUR BUSINESS POSITION  
 Quality Assurance Manager

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %     None    \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 \_\_\_\_\_  
 Street address  
 \_\_\_\_\_  
 City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

# SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)  
Air Force Association Chapter 147

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ADDRESS (Business Address Acceptable)  
Post Office Box 394 El Segundo, CA 90245

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
United States Air Force support organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 20 14	\$ 250.00	Salute to Space and Missile Systems Center Awards Banquet
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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