



CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Initial Filing Received
 (month, day, year)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 GUERRERO JACK M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CITY OF CUDAHY, CALIFORNIA
 Division, Board, Department, District, if applicable Your Position
 CITY OF CUDAHY, CALIFORNIA COUNCIL MEMBER
 ▶ 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, CALIFORNIA 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: 8
 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



I have used all reasonable diligence in preparing this Statement. The herein and in any attached schedules is true and complete. I acknowledge I certify under penalty of perjury under the laws of the State of

Date Signed 04/01/2015
 (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
BUELLER, 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:
 / / 14 / / 14
 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:
 / / 14 07 / 21 / 14
 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:
 / / 14 / / 14
 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:
 / / 14 03 / 05 / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GOLDMAN, SACHS & COMPANY

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:
 / / 14 03 / 05 / 14
 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:
 / / 14 / / 14
 ACQUIRED DISPOSED

Comments: THIS SCHEDULE EXCLUDES DIVERSIFIED MUTUAL FUNDS

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)
 NALEO EDUCATIONAL FUND

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

CITY AND STATE
 LOS ANGELES, CA 90015

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

DATE(S): 08 / 08 / 14 - 08 / 10 / 14 AMT: \$ 600.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 POLICY INSTITUTE ON HEALTH. ESTIMATED COSTS FOR LODGING, MEALS, AND MATERIALS.

▶ 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

▶ 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

ESTIMATED COST FOR LODGING, MEALS, AND EDUCATIONAL MATERIALS RELATED TO POLICY
 Comments: INSTITUTE ON HEALTH. (I PAID FOR MY OWN TRAVEL.)

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)
 WATER EDUCATION FOR LATINO LEADERS

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

CITY AND STATE
 LOS ANGELES, CA 90041

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

DATE(S): 03/27/14 03/28/14 AMT: \$ 600.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 ESTIMATE - MEALS/LODGING/ TRAVEL/
 EDUCATIONAL MATERIALS

▶ NAME OF SOURCE (Not an Acronym)
 GROW ELECT PAC

ADDRESS (Business Address Acceptable)
 1020 12TH ST., SUITE 232

CITY AND STATE
 SACRAMENTO, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 PAC - REPUBLICAN PARTY RELATED

DATE(S): 02/12/14 02/13/14 AMT: \$ 500.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 EST. TRAVEL/ LODGING/ MEAL. PARTICIPATED
 IN MEETINGS ON BEHALF OF GROW ELECT

▶ 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

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

DATE(S): 09/11/14 09/13/14 AMT: \$ 1,500.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 POLICY INSTITUTE ON INFRASTRUCTURE.
 MEALS/TRAVEL/LODGING.

▶ 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

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

DATE(S): 11/21/14 11/23/14 AMT: \$ 1,800.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 GUEST SPEAKER/ PANELIST - ETHICS AND
 GOVERNMENT REFORM. MEAL/TRAVEL/LODGING

Comments: ESTIMATED COSTS RELATE TO ECONOMY TRAVEL, MEALS, LODGING AND EDUCATIONAL MATERIALS. (NO HONORARIA RECEIVED FOR PANEL DISCUSSION.)

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
GUERRERO, JACK

▶ 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 / 14 / 14	\$ 80.00	GOLF/ LUNCH
07 / 28 / 14	\$ 30.00	LUNCH
10 / 03 / 14	\$ 30.00	LUNCH

▶ 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)
12 / 12 / 14	\$ 30.00	LUNCH
/ /	\$	
/ /	\$	

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

ADDRESS (Business Address Acceptable)
1122 W. WASHINGTON BL, LOS ANGELES 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
EDUCATIONAL INSTITUTE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 06 / 14	\$ 100.00	GOLF/ LUNCH
03 / 06 / 14	\$ 50.00	TRAVEL BAG/ SHIRT
/ /	\$	

▶ 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: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
GUERRERO, JACK

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>LOS ANGELES SANITATION DISTRICT OF LA CO</u>	NAME OF SOURCE OF INCOME <u>GATEWAY CITIES COUNCIL OF GOVERNMENTS</u>
ADDRESS (Business Address Acceptable) <u>1955 WORKMAN MILL RD WHITTIER CA 90607</u>	ADDRESS (Business Address Acceptable) <u>16401 PARAMOUNT BL, PARAMOUNT, CA 90723</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>SANITATION DISTRICT - LOS ANGELES COUNTY</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>COUNCIL OF GOVERNMENTS</u>
YOUR BUSINESS POSITION <u>DIRECTOR - CITY OF CUDAHY</u>	YOUR BUSINESS POSITION <u>DIRECTOR - CITY OF CUDAHY</u>
GROSS INCOME RECEIVED <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <u>BOARD STIPEND (APPROX. \$500/ YR 2014)</u> _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <u>BOARD STIPEND</u> _____ (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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____ <small>Street address</small>	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	<input type="checkbox"/> Other _____ <small>City</small>
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

