CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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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

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

Agency: Refer to the Attached
Position:

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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:*** 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 [redacted]

herein and in any attached schedules is true and complete. I acki[redacted]

I certify under penalty of perjury under the laws of the State o[redacted]

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

AGENCIES/COMMITTEES
FORM 700 2014-2015
MAYOR SUZANNE FUENTES

AGENCY	POSITION	PERIOD
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)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Suzanne Fuentes

▶ 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
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
  _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Suzanne Fuentes

SCHEDULE D
Income – Gifts

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

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

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)*

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: