

CANDIDATE'S PUBLIC/PRESS INFORMATION

PLEASE SUBMIT TO THE CITY CLERK WITH YOUR NOMINATION PAPERS.

THIS FORM WILL BE MADE AVAILABLE TO THE PUBLIC AND THE PRESS.
SPECIFY THE ADDRESS AND PHONE NUMBER(S) YOU WISH TO BE USED

NAME CHRISTOPHER REED

ADDRESS 1146 7TH PL, HERMOSA BEACH, CA 90254

TELEPHONE: (Res.) _____ (Bus.) _____

E-MAIL Reed for Hermosa@yahoo.com (Cell) 310 406 6216

OCCUPATION Finance Consultant

EDUCATION BS, ARCHITECTURE, magna cum laude, ARIZONA STATE UNI
MBA, FINANCE, EMORY UNIVERSITY

PROFESSIONAL CEO OF REED CAPITAL MANAGEMENT, LLC A
FINANCE & BUSINESS STRATEGY CONSULTING COMPANY.

FAMILY _____

OTHER _____

CAMPAIGN MANAGER, IF ANY _____

PHONE NUMBER _____

CHRISTOPHER REED – Candidate Statement

Candidate for Hermosa Beach City Council
Municipal Election
Member of the City Council

Occupation: Finance Consultant

I will address the development, urban planning, and financial challenges of Hermosa Beach as a member of the City Council. I have the education (B.S. Architecture; MBA Finance) and experience (formerly, CFO of a \$30 million manufacturing company and currently, financial consultant) to guide Hermosa Beach through the current tough financial challenges and accomplish **specific, measurable** initiatives:

FINANCE

- Foster a vibrant Hermosa Beach by proactively collaborating with responsible business owners
- Benchmark salaries and responsibilities of city administration with similar municipalities
- Increase fiscal transparency by posting simplified monthly financial statements online so all residents can understand how the city is operating
- Implement a comprehensive risk management plan to reduce legal exposure and increase information and public visibility of pending cases

PUBLIC SAFETY AND WELLNESS

- Promote health and fitness initiatives in conjunction with Beach Cities Health District
- Develop a pedestrian and cycling master plan to promote safe and comfortable cycling and walking in Hermosa Beach
- Create a public-viewable interactive online map showing locations of reported crimes in Hermosa Beach

Follow me on Twitter and Facebook at: [ReedforHermosa](#) or contact me at: ReedforHermosa@yahoo.com.

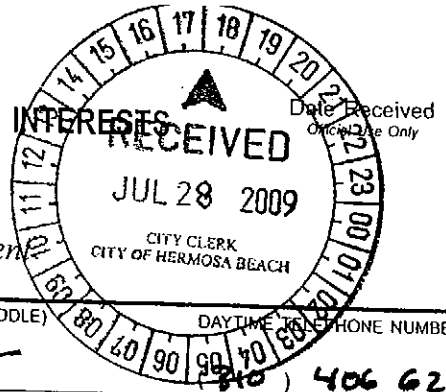
Please support Christopher Reed for Hermosa Beach City Council.

COPY

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document



Please type or print in ink.

| | | | |
|--|---------------|----------|--------------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAY TIME PHONE NUMBER |
| REED | CHRISTOPHER | T | (714) 406 6216 |
| MAILING ADDRESS (May use business address) | STREET | CITY | STATE ZIP CODE |
| P.O. BOX 966 | REPONDO BEACH | CA | 90277 |
| | | | OPTIONAL: FAX / E-MAIL ADDRESS |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
HERMOSA BEACH CITY COUNCIL

Division, Board, District, if applicable:

Your Position:
MEMBER OF CITY COUNCIL

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of HERMOSA BEACH

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ___/___/___

Annual: The period covered is January 1, 2008, through December 31, 2008.

-OR-

The period covered is ___/___/___, through December 31, 2008.

Leaving Office Date Left: ___/___/___ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-OR-

The period covered is ___/___/___, through the date of leaving office.

Candidate Election Year: 2009

4. Schedule Summary

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-OR-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 7/16/2009
(month, day, year)

Signature Christopher Reed
(File the originally signed statement with your filing official.)

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
CHRISTOPHER REED

NAME OF BUSINESS ENTITY
MCDONALDS CORP.
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RESTAURANTS
 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)
 IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
COCA-COLA COMPANY
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
BEVERAGES
 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)
 IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
CHEVRON CORP.
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ENERGY
 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)
 IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GENERAL ELECTRIC CORP.
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
DIVERSIFIED MANUFACTURING
 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)
 IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
JOHNSON & JOHNSON
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHARMACEUTICALS
 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)
 IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PROCTOR & GAMBLE CO
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PERSONAL & HOUSEHOLD PRODUCTS
 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)
 IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
CHRISTOPHER REED

▶ 1. BUSINESS ENTITY OR TRUST
REED CAPITAL MANAGEMENT, LLL
 Name
P.O. Box 966, REDONDO BEACH, CA
 Address
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CONSULTING

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/08 _____/_____/08
 \$10,001 - \$100,000 _____/_____/08 _____/_____/08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION **CEO**

▶ 1. BUSINESS ENTITY OR TRUST
 Name
 Address
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/08 _____/_____/08
 \$10,001 - \$100,000 _____/_____/08 _____/_____/08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/08 _____/_____/08
 \$10,001 - \$100,000 _____/_____/08 _____/_____/08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

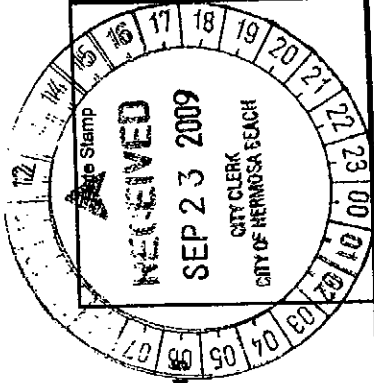
Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/08 _____/_____/08
 \$10,001 - \$100,000 _____/_____/08 _____/_____/08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____



Type or print in ink

Statement of Organization Recipient Committee

Statement Type Initial Amendment
Not yet qualified or List I.D. number: _____

Termination - See Part 16
List I.D. number: _____ # _____

Date qualified as committee _____
(if applicable)

Date qualified as committee _____
(if applicable)

Date of Termination _____

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE
 Christopher Reed for City Council 2009

STREET ADDRESS (NO P.O. BOX)
 1146 7th Pl
 Hermosa Beach
 STATE CA ZIP CODE 90254 AREA CODE/PHONE 3104066216

MAILING ADDRESS (IF DIFFERENT)
 1146 7th Pl
 Hermosa Beach
 STATE CA ZIP CODE 90254 AREA CODE/PHONE 3104066216

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Christopher Reed
 STREET ADDRESS (NO P.O. BOX)
 1146 7th Pl
 CITY Hermosa Beach
 STATE CA ZIP CODE 90254 AREA CODE/PHONE 3104066216

NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF PRINCIPAL OFFICER(S)

 STREET ADDRESS (NO P.O. BOX)

 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
 Los Angeles
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/23/09 DATE
 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
 Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Christopher Reed for City Council 2009

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---|
| Christopher Reed | Member of City Council City of Hermosa Beach | 2009 | <input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan |

List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| | | |
|-------------------------------|-----------------|---------------------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
| JP Morgan Chase Bank | 3103705769 | 32612677217 |
| ADDRESS | CITY | STATE ZIP CODE |
| 4840 W. 190th St | Torrance | CA 90503 |

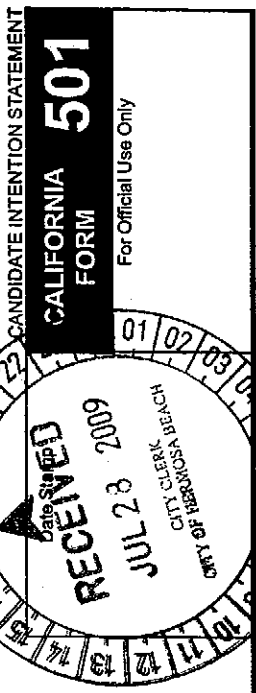
Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| | | |
|---|--|-----------|
| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |
| | | SUPPORT |
| | | OPPOSE |

Candidate Intention Statement

Type or Print in Ink.



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

REED, CHRISTOPHER, T

DAYTIME TELEPHONE NUMBER

(310) 406 0216

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

1146 7TH PL

CITY HERMOSA BEACH

STATE CA

ZIP CODE

90254

~~CITY COUNCIL~~

~~HERMOSA BEACH~~

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

CITY OF HERMOSA BEACH

DISTRICT NUMBER, if applicable, NON-PARTISAN

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

5

(Name of Multi-County Jurisdiction)

2009

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaiPERS candidates, Judges, Judicial candidates, and candidates for local offices are not required to complete Part 2.)

____ Primary/general election

____ Special/runoff election

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on 7/16/2009
(month, day, year)

Signature Christopher Reed
(Candidate)

CANDIDATE'S PUBLIC/PRESS INFORMATION

PLEASE SUBMIT TO THE CITY CLERK WITH YOUR NOMINATION PAPERS.

THIS FORM WILL BE MADE AVAILABLE TO THE PUBLIC AND THE PRESS.
SPECIFY THE ADDRESS AND PHONE NUMBER(S) YOU WISH TO BE USED

NAME PATRICK "KIT" BOBKO

ADDRESS 306 19TH ST.

TELEPHONE: (Res.) _____ (Bus.) _____

E-MAIL KIT.BOBKO@GMAIL.COM (Cell) _____

OCCUPATION LAWYER

EDUCATION B.S.-USFA 91', MA.-UNIV. OF SO. CAROLINA 97'
J.D.-Geo. WASHINGTON UNIV.

PROFESSIONAL ~~SHAREHOLDER~~ SHAREHOLDER - RICHARDS, WATSON & GERSTON

FAMILY ~~DR.~~ DR. PETER BOBKO, FATHER, MRS. COOKIE BOBKO. MOTHER

DR. JOSH BOBKO, GWU Hospital; MR. Ryan Bobko

OTHER _____

CAMPAIGN MANAGER, IF ANY NIA

PHONE NUMBER _____

(310) 938-1971 public +
for campaign information 7/09

PATRICK "KIT" BOBKO – Candidate Statement

Candidate for Hermosa Beach City Council
Municipal Election
Member of the City Council

Occupation: City Councilman

Age: 39

When you elected me four years ago, I promised you I would:

1. Make our neighborhoods safer and improve the quality of life in our City;
2. Improve the City's relationship with the School District;
3. Preserve Hermosa's character as a seaside village.

The Macpherson Oil case is a top priority and I will put my experience, knowledge and skills as a municipal attorney towards resolving it on the best possible terms for our City.

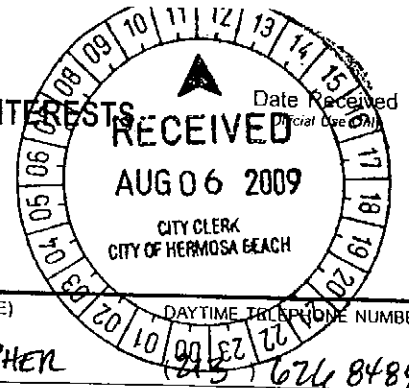
The police "surges" that focused police and community resources on Pier Plaza and the surrounding neighborhoods resulted in a 30% reduction in disturbance calls and an improvement in the quality of life in our neighborhoods.

The Project Forward residents' committee studied the challenges facing our schools and made suggestions to lead us through these difficult times together. The City and school district are working better together than ever before.

I have worked for "greening" Hermosa by increasing green space on Pier Avenue and improving pedestrian and bicycle access to our City. I worked on projects to decrease pollution that runs into our beach and into our surf.

It has been an honor to serve you, and I would appreciate your vote on November 3rd.

www.kitbobko.com



Please type or print in ink

| | | | |
|--|---------------|------------|---|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| BOBKO | PATRICK | KRISTOPHER | (215) 626 8484 |
| MAILING ADDRESS (May use business address) | STREET | CITY | STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS |
| 306 19TH ST. | HERMOSA BEACH | CA | 90254 |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
HERMOSA BEACH CITY COUNCIL

Division, Board, District, if applicable:
COUNCILMAN

Your Position:

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of HERMOSA BEACH

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-OR-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-OR-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: 2009

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-OR-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 06 AUG 09
(month, day, year)

Signature [Handwritten Signature]
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Patrick K. Bobko

▶ NAME OF BUSINESS ENTITY
Duke Energy

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy

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)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

▶ 1 BUSINESS ENTITY OR TRUST

Richards, Watson & Gershon
Name
355 South Grand Avenue, LA CA 90071
Address
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Law Firm

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /08 / /08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION Shareholder

▶ 1 BUSINESS ENTITY OR TRUST

Name
Address
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /08 / /08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /08 / /08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /08 / /08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Candidate Intention Statement

CANDIDATE INTENTION STATEMENT
CALIFORNIA 501
 FORM
 For Official Use Only

Type or Print in Ink.
 Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
BOBKO, PATRICK K.

DAYTIME TELEPHONE NUMBER
(213) 626 8484

E-MAIL (optional)
KIT.BOBKO@gmail.com

STREET ADDRESS
306 19th ST.

CITY
HERMOSA BEACH

STATE
CA

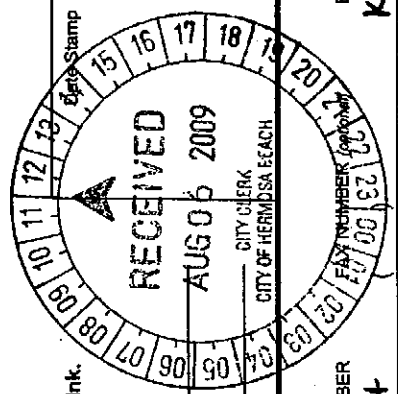
ZIP CODE
90254

OFFICE SOUGHT (POSITION TITLE)
HERMOSA BEACH CITY COUNCIL

AGENCY NAME

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction)

DISTRICT NUMBER, if applicable. NON-PARTISAN
 PARTY:



2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election _____ (Year of Election) Special/runoff election _____ (Year of Election)

(Check one box)
 I accept the voluntary expenditure ceiling for the election stated above.
 I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:
 I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)
 On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on Patrick K. Bobko (month, day, year) 01 AUG 09
 Signature _____ (Candidate)

CANDIDATE'S PUBLIC/PRESS INFORMATION

PLEASE SUBMIT TO THE CITY CLERK WITH YOUR NOMINATION PAPERS.

THIS FORM WILL BE MADE AVAILABLE TO THE PUBLIC AND THE PRESS.
SPECIFY THE ADDRESS AND PHONE NUMBER(S) YOU WISH TO BE USED

NAME Howard L Fishman

ADDRESS 1133 7th Place, Hermosa Beach CA 90254

TELEPHONE: (Res.) 310 372-6140 (Bus.) _____

E-MAIL KKfish@earthlink.net (Cell) 310 422-1101

OCCUPATION Risk Management Consultant

EDUCATION Master of Arts - Criminal Justice - John Jay College of Criminal Justice

Bachelor of Arts - Political Science - Brooklyn College

PROFESSIONAL Teaching Credential - State of CA

FAMILY Aaron Fishman - son

OTHER Board of Directors - Hermosa Beach Historical Society

Hermosa Beach Sister Cities Association, Founder of "Friends of the Parks", Hermosa Beach Little League, Hermosa Beach Parks, Recreation & Community Resources Advisory Commission

CAMPAIGN MANAGER, IF ANY _____

PHONE NUMBER _____

HOWARD FISHMAN – Candidate Statement

Candidate for Hermosa Beach City Council
Municipal Election
Member of the City Council

Occupation: Public Sector Consultant

I was elected to the Hermosa Beach City Council in 2005 receiving over 2,000 votes. Thank you.

Unfortunately, on Election Day, my wife was diagnosed with terminal cancer. I resigned my seat to care for her until her death 2 years ago.

Please support my 2009 campaign.

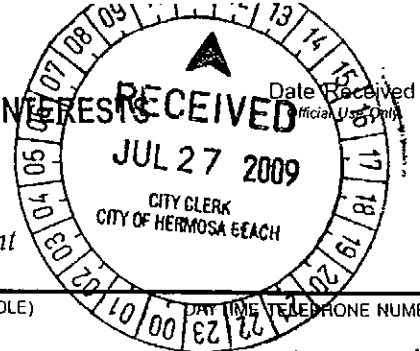
I am a 29 year home owner, widowed with a 23 year old son. I have a BA in Political Science from Brooklyn College and a MA in Criminal Justice from John Jay College.

I have almost 30 years of public sector experience and work as a Risk Management Consultant for two South Bay cities.

I served on the Hermosa Beach Parks and Recreation Commission and Little League Board. I created "Friends of the Parks," a foundation that continues to donate funds to the City for park improvements.

I am a board member on the Hermosa Beach Historical Society and secured funding and consulting grants. I also have memberships with the Chamber of Commerce and Sister Cities Association.

My focus will be on budget stabilization, supporting Police/Fire, creating a stimulus package for new and existing businesses, street maintenance and repair and strengthening relationships with the schools.



Please type or print in ink.

| | | | |
|---|---------|------------------|---|
| NAME (LAST) | (FIRST) | (MIDDLE) | DATE TIME TELEPHONE NUMBER |
| Fishman | Howard | L | (310) 422-1101 |
| MAILING ADDRESS STREET (May use business address) | | CITY | STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS |
| 1133 7th Place | | Hermosa Beach CA | 90254 |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City Council

Division, Board, District, if applicable:

Your Position:
Risk Management Consultant

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of Hermosa Beach

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

▶ Total number of pages including this cover page: 2

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 7/13/09
(month, day, year)

Signature Howard L Fishman
(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
Howard L Fishman

▶ STREET ADDRESS OR PRECISE LOCATION
1120 11th St

CITY
Hermosa Beach

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 08 DISPOSED / / 08

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Jeff Crandall.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 08 DISPOSED / / 08

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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*
Countrywide

ADDRESS
Customer service, SU-B 314
PO Box 5170 Simi Valley CA 93093

BUSINESS ACTIVITY OF LENDER
Financial Institution

INTEREST RATE TERM (Months/Years)
6.375% None 30 years

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

NAME OF LENDER*

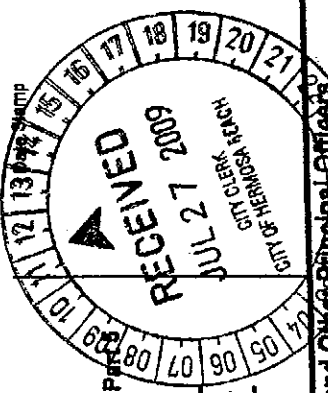
ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

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

Comments: _____



Type or print in Ink

Statement Type Initial
Not yet qualified or

Amendment List I.D. number: # _____
Date qualified as committee (if applicable) _____
Date qualified as committee _____
Date of Termination _____

1. Committee Information

NAME OF COMMITTEE
Howard Fishman for City Council

STREET ADDRESS (NO P.O. BOX)
1133 7th Place

CITY
Hermosa Beach

STATE
CA

ZIP CODE
90254

AREA CODE/PHONE
310 3726140

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Aaron Fishman

STREET ADDRESS (NO P.O. BOX)
1133 7th Place

CITY
Hermosa Beach

STATE
CA

ZIP CODE
90254

AREA CODE/PHONE
310 892-1301

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

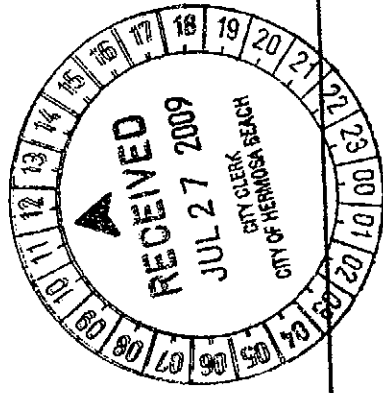
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/17/09 By Clayton Johnson
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/17/09 By Howard Fishman
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT



**Statement of Organization
 Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Howard Fishman for City Council

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

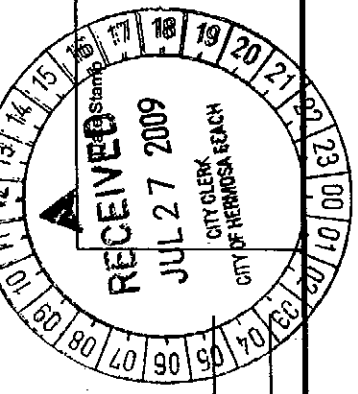
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---|
| <u>Howard L Fishman</u> | <u>City Council</u> | <u>2009</u> | <input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan |

6. List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION Bank of America
 ADDRESS 1200 Highland Ave
 AREA CODE/PHONE 310 884-1870 CITY Manhattan Beach STATE CA
 BANK ACCOUNT NUMBER 00648 41576 ZIP CODE 90266

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CHECK ONE SUPPORT | OPPOSE |
|---|----------------------|--------|
| | | |
| | | |



Candidate Intention Statement
 Type or Print in Ink.
 Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Fishman, Howard L DAYTIME TELEPHONE NUMBER (310) 422-110 E-MAIL (optional) _____
 STREET ADDRESS 1133 7th Place CITY Hermosa Beach STATE CA ZIP CODE 90254
 OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Hermosa Beach DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: _____
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) _____

2. State Candidate Expenditure Limit Statement:

(CALPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

 (Year of Election) Primary/general election _____
 (Check one box) Special/runoff election
 I accept the voluntary expenditure ceiling for the election stated above.
 I do not accept the voluntary expenditure ceiling for the election stated above.
 Amendment:
 I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)
 On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on 7/13/09 (month, day, year)
 Signature Howard L Fishman (Candidate)

CANDIDATE'S PUBLIC/PRESS INFORMATION

PLEASE SUBMIT TO THE CITY CLERK WITH YOUR NOMINATION PAPERS.

THIS FORM WILL BE MADE AVAILABLE TO THE PUBLIC AND THE PRESS.
SPECIFY THE ADDRESS AND PHONE NUMBER(S) YOU WISH TO BE USED

NAME Kathleen L. Midstokke

ADDRESS 1101 Second Street

TELEPHONE: (Res.) (310) 937-3417 (Bus.) _____

E-MAIL _____ (Cell) _____

OCCUPATION City Clerk

EDUCATION _____

PROFESSIONAL Master Municipal Clerk

FAMILY 2 children - 3 grandchildren

OTHER _____

CAMPAIGN MANAGER, IF ANY 0

PHONE NUMBER _____

KATHLEEN L. MIDSTOKKE – Candidate Statement

Candidate for Hermosa Beach City Council
Municipal Election
Member of the City Council

Occupation: City Clerk

Qualifications:

- 31 year resident
- Master Municipal Clerk
- Municipal Paralegal
- Council Member 1989 – 1993
- Hermosa Beach City Clerk 1984 – 1989

If elected, I will work with you to:

- Adopt Local Coastal Plan to get local control from State Coastal Commission;
- Maintain bedroom community atmosphere;
- Fair and consistent enforcement of laws;
- Lower Council salary and delete car allowance;
- Fiscal watchdog scrutinizing all expenditures;
- Tree preservation ordinance;
- Guard precious City-owned beach.

Hermosa Beach is very unique and a wonderful place to live. I will work hard for you to maintain that.

Thank you for the consideration of your vote.

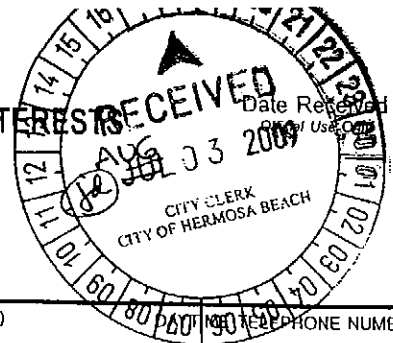
COPY

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document



Please type or print in ink.

| | | | |
|--|------------|---------------|---|
| NAME (LAST) | (FIRST) | (MIDDLE) | TELEPHONE NUMBER |
| Midstokke | Kathleen | L. | (310) 937-3417 |
| MAILING ADDRESS (May use business address) | STREET | CITY | STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS |
| 1101 | Second St. | Hermosa Beach | CA 90254 |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Hermosa Beach

Division, Board, District, if applicable:

Your Position:
Council Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- State
- County of _____
- City of Hermosa Beach
- Multi-County _____
- Other _____

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

- Assuming Office/Initial Date: ____/____/____
- Annual: The period covered is January 1, 2008, through December 31, 2008.
-or-
- The period covered is ____/____/____, through December 31, 2008.
- Leaving Office Date Left: ____/____/____
(Check one)
- The period covered is January 1, 2008, through the date of leaving office.
-or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate Election Year: 2009

4. Schedule Summary

► Total number of pages including this cover page: 1

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

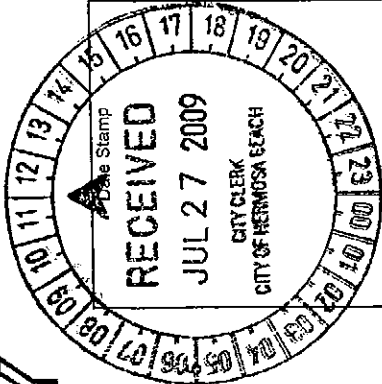
Date Signed Aug. 3, 2009
(month, day, year)

Signature Kathleen L. Midstokke
(File the originally signed statement with your filing official.)

COPY

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION CALIFORNIA FORM 410 For Official Use Only



Termination - See Part I List I.D. number: #

Amendment List I.D. number: # Date qualified as committee (if applicable)

Initial Not yet qualified [X] or Date qualified as committee

2. Treasurer and Other Principal Officers

1. Committee Information: NAME OF COMMITTEE: Friends of Midstokke for Council 2009; STREET ADDRESS (NO P.O. BOX): 1101 Second Street; CITY: Hermosa Beach; STATE: CA; ZIP CODE: 90254; AREA CODE/PHONE: (310) 937-3417; MAILING ADDRESS (IF DIFFERENT): P. O. Box 833 Hermosa Beach, CA 90254-0833; OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF TREASURER: Kathleen L. Midstokke; STREET ADDRESS (NO P.O. BOX): 1101 Second Street; CITY: Hermosa Beach; STATE: CA; ZIP CODE: 90254; AREA CODE/PHONE: (310) 937-3417; NAME OF ASSISTANT TREASURER, IF ANY: N/A; STREET ADDRESS (NO P.O. BOX); CITY; STATE; ZIP CODE; AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S): Kathleen L. Midstokke - Controlling Candidate/Treasurer; STREET ADDRESS (NO P.O. BOX): 1101 Second Street; CITY: Hermosa Beach; STATE: CA; ZIP CODE: 90254; AREA CODE/PHONE: (310) 937-3417

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE: Los Angeles; Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 23, 2009; Executed on July 23, 2009

By Kathleen L. Midstokke; By Kathleen L. Midstokke

SIGNATURE OF TREASURER OR ASSISTANT TREASURER; SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on; Executed on; Executed on; Executed on; SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT; SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT; SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
 Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Friends of Midstokke for Council 2009

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|--|
| Kathleen L. Midstokke | Hermosa Beach City Council Member | 2009 | <input checked="" type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| | | |
|-------------------------------|-----------------|---------------------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
| Pacific Western Bank | (800) 654-7962 | 1000 483 337 |
| ADDRESS | CITY | STATE |
| 10245 Paramount Boulevard | Downey | CA |
| | | ZIP CODE |
| | | 90241 |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |
|---|--|-----------|
| | | SUPPORT |
| | | OPPOSE |
| | | SUPPORT |
| | | OPPOSE |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Friends of Midstokke for Council 2009

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET

CITY

STATE

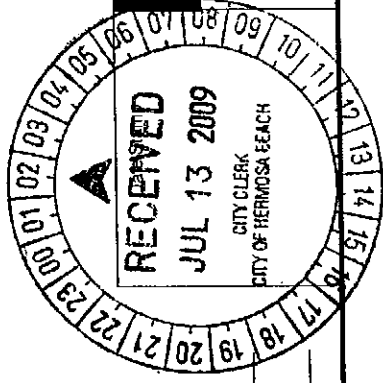
ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.



Type or Print in Ink.

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Midstokke, Kathleen. DAYTIME TELEPHONE NUMBER (310) 937-3417 FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS 1101 - 2nd Street CITY Hermosa Beach STATE CA ZIP CODE 90254

OFFICE SOUGHT (POSITION TITLE) City Council Member AGENCY NAME City of Hermosa Beach DISTRICT NUMBER, if applicable. N/A NON-PARTISAN PARTY: _____

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

Year of Election: 2009 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaiPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election _____ Special/runoff election _____
 (Year of Election) (Year of Election)

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

- I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on July 13, 2009 Signature Kathleen S. Midstokke
 (month, day, year) (Candidate)

CANDIDATE'S PUBLIC/PRESS INFORMATION

PLEASE SUBMIT TO THE CITY CLERK WITH YOUR NOMINATION PAPERS.

THIS FORM WILL BE MADE AVAILABLE TO THE PUBLIC AND THE PRESS.
SPECIFY THE ADDRESS AND PHONE NUMBER(S) YOU WISH TO BE USED

NAME Michael Keegan
ADDRESS 704 7th St. Hermosa Beach
TELEPHONE: (Res.) 310 798 2969 (Bus.) 310 545 7553
E-MAIL michael@manhattanbreed.com (Cell) 310 213 2086
OCCUPATION Business Owner

EDUCATION BA Economics - Univ. of IL - Champaign - 1985

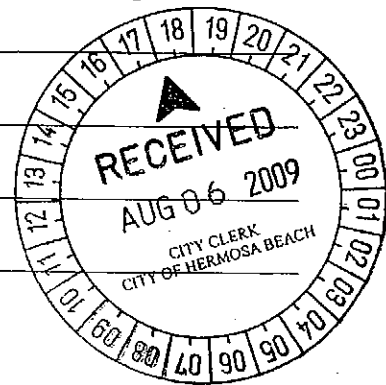
PROFESSIONAL CA License Gen. Contractor
CA License RE. Broker

FAMILY Lynn (wife) + Juliana (daughter)

OTHER _____

CAMPAIGN MANAGER, IF ANY NONE

PHONE NUMBER _____



MICHAEL KEEGAN – Candidate Statement

Candidate for Hermosa Beach City Council
Municipal Election
Member of the City Council

Occupation: City Councilmember/Business Owner
Age: 46

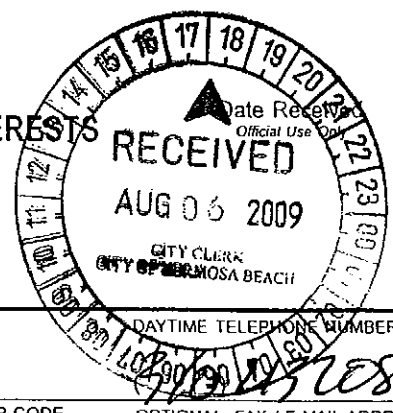
Serving as your Councilmember for the last eight years has been an interesting, exciting, and collaborative experience for me. We face some real challenges in the future for Hermosa Beach. As a 24 year resident and homeowner, I will tackle these issues with strong preparation and a commitment to serve our residents. With the state taking almost \$1,000,000 from the city and an uncertain final outcome of the McPherson oil litigation, my eight years as your Councilmember and 17 years as a business owner, prepare me to tackle these challenges to get the best result for residents.

In the next four years the city must get more done with fewer revenues. I will continue to look for ways to make Hermosa Beach more efficient and encourage new businesses to open here to contribute to our tax base in order to pay for essential services. To meet the looming financial challenges our city faces, we must strengthen our tax base without raising residents' taxes.

My #1 special interest will continue to be the residents of Hermosa Beach. I will listen to your comments, phone calls, emails, and answer them promptly, honestly, and professionally: (310) 798-2696 or michael@manhattanbread.com

Sincerely,

Councilmember Michael Keegan.



Please type or print in ink.

| | | | | |
|--|---------------------------|----------------------|---|----------|
| NAME (LAST) <u>Keegan</u> | (FIRST) <u>Michael</u> | (MIDDLE) <u>D</u> | DAYTIME TELEPHONE NUMBER <u>1023019010</u> | |
| MAILING ADDRESS STREET (May use business address) | | CITY | STATE | ZIP CODE |
| | | | OPTIONAL FAX / E-MAIL ADDRESS | |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City Council Hermosa Beach

Division, Board, District, if applicable:
Beach

Your Position:
City Council

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of Hermosa Beach

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: 2009

4. Schedule Summary

► Total number of pages including this cover page: 11

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed Aug. 6, 2009
(month, day, year)

Signature Michael Keegan
(File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Name KEEGAN OLSON REVOCABLE LIVING TRUST
 Address 11234 E. Valley Blvd., El Monte, CA 91731
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

Manhattan Credit & Buffet, Inc.

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

1107 LOMA OR, A, HEYMOSA BEACH, CA 90254
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Rental
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: TRUST ASSETS continued on next page

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
 Address _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Alcoa, Inc.
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Mining
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

ADC Telecommunications
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Communications Equipment
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: Trust Assets continued on next page

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Amgen
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Biotechnology
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Additional shares purchased in 2008

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name
Michael Keegan

1. BUSINESS ENTITY OR TRUST

Name _____

Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Atheros Communications
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Semiconductor
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: *Trust Assets continued on next page*

1. BUSINESS ENTITY OR TRUST

Name _____

Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Bank of America
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Banking
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 *6/15/08* _____/_____/08

\$10,001 - \$100,000 *10/18/08* _____/_____/08

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000 ** Additional shares purchased in 2008*

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name: Michael Keegan

1. BUSINESS ENTITY OR TRUST

Name _____
 Address _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08
 \$10,001 - \$100,000 ACQUIRED _____/_____/08
 \$100,001 - \$1,000,000 DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property
Fact Set Research Systems, Inc

Description of Business Activity or
 City or Other Precise Location of Real Property
Technology: Computer Services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08
 \$10,001 - \$100,000 ACQUIRED _____/_____/08
 \$100,001 - \$1,000,000 DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: Trust Assets continued on next page

1. BUSINESS ENTITY OR TRUST

Name _____
 Address _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08
 \$10,001 - \$100,000 ACQUIRED _____/_____/08
 \$100,001 - \$1,000,000 DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property
ASTERV, INC

Description of Business Activity or
 City or Other Precise Location of Real Property
Technology: Computer Services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08
 \$10,001 - \$100,000 ACQUIRED _____/_____/08
 \$100,001 - \$1,000,000 DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

GENERAL ELECTRIC CO.
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Complomerde
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE
 \$2,000 - \$10,000
 10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
9/5/08 _____/_____/08
9/19/08 _____/_____/08
10/12/08 ACQUIRED DISPOSED

* Purchased additional shares in 2008

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: Trust Assets continued on next page

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Jay Global, Inc
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Construction Machinery
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name Michael Keegan

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
 Address _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

MICROSOFT CORP
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Software & Programming
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
10/15/08 4/23/08
 ACQUIRED DISPOSED

* Additional shares purchased
 * Sale of partial shares

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other _____
 Yrs. remaining _____

Check box if additional schedules reporting investments or real property are attached

Comments: TRUST ASSETS CONTINUED ON NEXT PAGE

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
 Address _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

UCBH Holdings, Inc
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Regional Bank
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
7/17/08 8/16/08
2/15/08 8/11/08
 ACQUIRED DISPOSED

ALL shares sold in 2008

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other _____
 Yrs. remaining _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name _____

Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

STRYKER CORP.

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property _____

Medical Equipment & Supplies

Description of Business Activity or
 City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 11/26/08* 12/10/08*

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

** purchased additional shares in 2009*

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: Trust assets continued on next page

1. BUSINESS ENTITY OR TRUST

Name _____

Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Vertex Pharmaceuticals, Inc

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property _____

Biotechnology

Description of Business Activity or
 City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/08 _____/_____/08

\$10,001 - \$100,000 10/24/08* _____/_____/08

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

** Additional shares purchased in 2008*

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Keegan

1. BUSINESS ENTITY OR TRUST

Name _____
Address _____
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED: / / 08 DISPOSED: / / 08

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Gilead Sciences
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property
Biotechnology & Drugs
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED: / / 08 DISPOSED: / / 08

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: *TRUST ASSETS CONTINUED ON NEXT PAGE*

1. BUSINESS ENTITY OR TRUST

Name _____
Address _____
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED: / / 08 DISPOSED: / / 08

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

KEMET CORP
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property
Electronic Instruments & Controls
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED: / / 08 DISPOSED: / / 4/28/08

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name
Michael Keegan

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
 Address _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Research in Motion Ltd
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Communications Equipment
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
9/16/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
 Address _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Keegan

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Manhattan Bread and Bagel

ADDRESS
1812 N. Sepulveda Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bakery

YOUR BUSINESS POSITION
Manager/owner

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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS

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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 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 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: _____

**Statement of Organization
Recipient Committee**

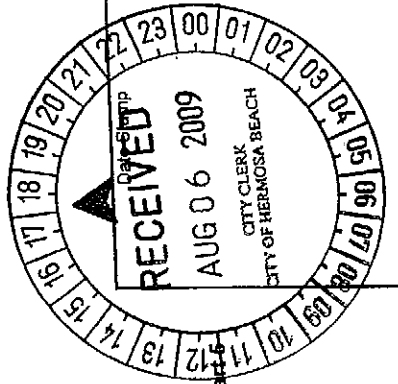
Statement Type Initial
Not yet qualified or

8 / 6 / 09
Date qualified as committee

Type or print in ink

Amendment
List I.D. number:

Termination - See Part 4
List I.D. number:



STATEMENT OF ORGANIZATION
**CALIFORNIA 410
FORM**
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Michael Keegan for City Council 2009

STREET ADDRESS (NO P.O. BOX)
704 Seventh Street

CITY
Hermosa Beach, CA

MAILING ADDRESS (IF DIFFERENT)
Michael O'Manhattan@red.com

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Michael Keegan

STREET ADDRESS (NO P.O. BOX)
704 Seventh Street Hermosa Beach, CA

CITY
90284

STATE
310-213-2086

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/6/09

By Michael Keegan
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

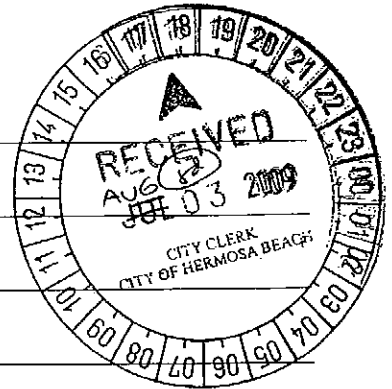
By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

CANDIDATE'S PUBLIC/PRESS INFORMATION

PLEASE SUBMIT TO THE CITY CLERK WITH YOUR NOMINATION PAPERS.

THIS FORM WILL BE MADE AVAILABLE TO THE PUBLIC AND THE PRESS.
SPECIFY THE ADDRESS AND PHONE NUMBER(S) YOU WISH TO BE USED

NAME Jeff Duclos
ADDRESS 1932 Ava Avenue
TELEPHONE: Campaign
(Res.) (310) 374-6921 (Bus.)
E-MAIL jeff@jeffduclos.com (Cell)
OCCUPATION College academic / Businessman



EDUCATION Masters Degree - UCLA, Bachelors Degree - San Diego State

PROFESSIONAL Communication Specialist with 30 years
experience. Taught at college level for more
than 18 years.

FAMILY wife - christine (Hermosa Beach teacher),
Daughter - Alisa Duclos-Robinson, Son - Dan (28)
OTHER Proud 1st time grand parents in February of
Max Robinson

CAMPAIGN MANAGER, IF ANY _____

PHONE NUMBER ~~(310) 374-6921~~

JEFF DUCLOS – Candidate Statement

Candidate for Hermosa Beach City Council
Municipal Election
Member of the City Council

I view representing and working for you on your Council to be among the highest forms of community service.

As a communications specialist and consensus-builder, I pledge to fully apply my experience in service to the community as my way of returning the good fortune in having made Hermosa our family's home for 29 years.

As your councilmember I will:

- Not accept councilmember's city paid automobile allowance, family health insurance, or retirement benefits, and move to revoke these costly councilmember perks
- Reserve the 60% reduction in street paving and ensure residential streets are paved without delay
- Revitalize your right to be heard on all issues and honor your voice in decisions that spend your money and impact your future
- Support local businesses fairly
- Place public safety above all else

I spearheaded the effort establishing the Greenbelt's Pesticide Free Zone, serve as Art Walk and Leadership Hermosa Board member, and work with our Volunteers in Policing program.

Additionally:

- Participated in goodwill visits with our troops in Iraq
- Married 37 years to Christine Duclos, a longtime Hermosa teacher
- Recipient, VOICE's Environmental Hero Award

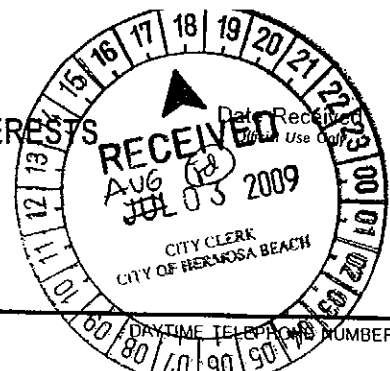
Together we can return to placing the needs of residents first.

Respectfully,

Jeff Duclos

<http://www.jeffduclos.com>

1-310-374-6921 jeff@jeffduclos.com



Please type or print in ink.

| | | | |
|--|-------------------|----------|--------------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DRYTIME TELEPHONE NUMBER |
| Duclos | Jeffrey | Alan | (310) 374-0465 |
| MAILING ADDRESS (May use business address) | STREET | CITY | STATE ZIP CODE |
| 1932 AvA Avenue | Hermosa Beach, CA | 90254 | OPTIONAL: FAX / E-MAIL ADDRESS |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
member of the City Council

Division, Board, District, if applicable:

Your Position:
City Council member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of Hermosa Beach

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: 2009

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 8/1/2009
(month, day, year)

Signature Jeffrey Duclos
(File the originally signed statement with your filing official.)

Statement of Organization Recipient Committee

Statement Type Initial or Not yet qualified

Type or print in ink

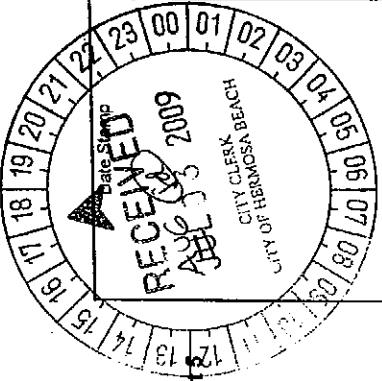
Amendment List I.D. number: #

Termination -- See Part 1 List I.D. number: #

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination



STATEMENT OF ORGANIZATION
CALIFORNIA 410 FORM
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
FRIENDS OF JEFF DUCLOS CITY COUNCIL 2009
STREET ADDRESS (NO P.O. BOX)
1932 AVA AVE
CITY
HERMOSA BEACH CA 90254 310 293-8803
STATE ZIP CODE AREA CODE/PHONE
CA 90254 310 293-8803

2. Treasurer and Other Principal Officers

NAME OF TREASURER
LAWRENCE O. FOX
STREET ADDRESS (NO P.O. BOX)
615 ESPLANADE UNIT 604
CITY
HERMOSA BEACH CA 90277 310 543-2766
STATE ZIP CODE AREA CODE/PHONE
CA 90277 310 543-2766
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY
STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
LOS ANGELES
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on JUNE 15, 2009 DATE
Executed on JULY 4, 2009 DATE
Executed on _____ DATE
Executed on _____ DATE

By Lawrence O. Fox SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|--|------------------|--|
| JEFF DUCLOS | HERNOSA BEACH CITY COUNCIL | 2009 | <input checked="" type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

BANK ACCOUNT NOT YET OPENED

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

CITY

STATE

ZIP CODE

ADDRESS

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |
|---|---|-----------|
| | | SUPPORT |
| | | OPPOSE |

CANDIDATE'S PUBLIC/PRESS INFORMATION

PLEASE SUBMIT TO THE CITY CLERK WITH YOUR NOMINATION PAPERS.

THIS FORM WILL BE MADE AVAILABLE TO THE PUBLIC AND THE PRESS.
SPECIFY THE ADDRESS AND PHONE NUMBER(S) YOU WISH TO BE USED

NAME Josh Ochs
ADDRESS P.O. Box 1230, Hermosa Beach, CA 90254
TELEPHONE: (Res.) _____ (Bus.) (424) 241-3720
E-MAIL Josh@supportJosh.com (Cell) _____
OCCUPATION Local Business Owner
EDUCATION USC Marshall School of Business



PROFESSIONAL I am proud to be a South bay business owner who has worked with over 1,000 businesses to attract jobs and opportunities to Hermosa Beach and the South Bay. In the last decade I have worked all over the county to bring more opportunities here.

FAMILY Born and raised in Los Angeles county. Family resides here. One of our favorite past times is raising more Ochs'

OTHER _____

CAMPAIGN MANAGER, IF ANY Jessica McIntyre
PHONE NUMBER (424) 241-3720

JOSH OCHS -- Candidate Statement

Candidate for Hermosa Beach City Council
Municipal Election
Member of the City Council

Occupation: Local Business Owner

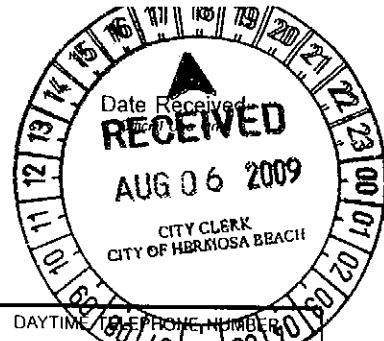
Josh Ochs has worked with over 1,000 employers to bring jobs to Hermosa Beach and the South Bay, improving our economy, strengthening our city, and helping provide funding for critical services like police and fire.

Josh Ochs knows that the threat of violent criminals in our neighborhoods means that we need an ever stronger commitment to our police. Josh is endorsed by over two dozen Hermosa families and is the founder of Hermosa Family Events because he is fully committed to keeping every school, park, and neighborhood in Hermosa safe from violence and crime.

Josh Ochs is running for City Council to make sure that even when the recession tightens our city budget, our firefighters and paramedics – those that we rely on for our very lives in times of emergency – will have the resources they need to protect every senior, every family, and every business.

Josh Ochs grew up going to the beaches of the South Bay and is a native of our county. His family is here. Josh understands how special our little community of Hermosa Beach is and the very real challenges we face.

Please vote for Josh Ochs for a better, stronger, and safer Hermosa Beach.



Please type or print in ink

| | | | |
|--|----------------|----------|--------------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| Ochs | Joshua | Keith | (310) 928-7905 |
| MAILING ADDRESS (May use business address) | STREET | CITY | STATE ZIP CODE |
| PO Box 1230, | Hermosa Beach, | CA | 90254 |
| | | | OPTIONAL: FAX / E-MAIL ADDRESS |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Hermosa Beach City Council

Division, Board, District, if applicable:

Your Position:
City Council Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of Hermosa Beach

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: 2009

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 8/5/09
(month, day, year)

Signature [Signature]
(file the original signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name Placement Scout, LLC
Address 1500 Rosecrans Ave, Suite 500
Manhattan Beach, CA 90266
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Advertising Agency

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /08 / /08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION Founder/CEO

1. BUSINESS ENTITY OR TRUST

Name Oak Tree Group LLC
Address 1500 Rosecrans Ave, Suite 500
Manhattan Beach, CA 90266
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Networking Events

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /08 / /08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION Founder/CEO

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /08 / /08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /08 / /08
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Pier Alliance LLC

ADDRESS
1112 Ocean Dr. Suite 104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Manhattan Beach, Advertising

YOUR BUSINESS POSITION
Business Development

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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other Consulting Income
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Leading Hand Woman

ADDRESS
6336 Wilshire Blvd. Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consumer Products Company

YOUR BUSINESS POSITION
Advertising / Marketing

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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other Consulting Income
(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*
George Ochs

ADDRESS
350 Kalinuss Dr. Costa Mesa, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER
None

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

INTEREST RATE TERM (Months/Years)
7.0% None 5 years

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial
Not yet qualified or

7 / 23 / 09
Date qualified as committee

Amendment
List I.D. number.

Termination - See Part
List I.D. number.

Date of Termination

1. Committee Information

NAME OF COMMITTEE

Josh Ochs Campaign

STREET ADDRESS (NO P.O. BOX)

1500 Rosecrans Avenue, Suite 500

CITY STATE ZIP CODE AREA CODE/PHONE
Manhattan Beach CA 90266 424-241-3720

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 1230, Hermosa Beach, CA 90254

OPTIONAL: FAX / E-MAIL ADDRESS

josh@supportjosh.com

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Los Angeles

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

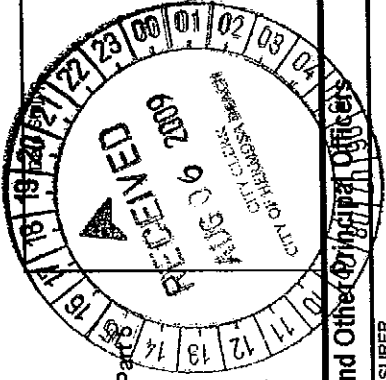
Executed on 8/5/09 DATE
Executed on _____ DATE
Executed on _____ DATE
Executed on _____ DATE

By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only



2. Treasurer and Other Principal Officers

NAME OF TREASURER

Carem Barbery

STREET ADDRESS (NO P.O. BOX)

1500 Rosecrans Avenue, Suite 500

CITY STATE ZIP CODE AREA CODE/PHONE
Manhattan Beach CA 90266 424-241-3720

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Josh Ochs

STREET ADDRESS (NO P.O. BOX)

1500 Rosecrans Avenue, Suite 500

CITY STATE ZIP CODE AREA CODE/PHONE
Manhattan Beach CA 90266 424-241-3720

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION
**CALIFORNIA 410
FORM**

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

Josh Ochs Campaign

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support Josh Ochs campaign for City Council in Hermosa Beach.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION
**CALIFORNIA 410
FORM**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

Josh Ochs Campaign

4. Type of Committee

Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---|
| Josh Ochs | Hermosa Beach City Council | 2009 | <input type="checkbox"/> Non-Partisan <input checked="" type="checkbox"/> Republican |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| | | |
|-------------------------------|-----------------|---------------------------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
| Bank of America | 310-884-1870 | 122,000,661 - 00634-42620 |
| ADDRESS | CITY | STATE |
| 90 Pier Avenue | Hermosa Beach | CA |
| | | ZIP CODE |
| | | 90254 |

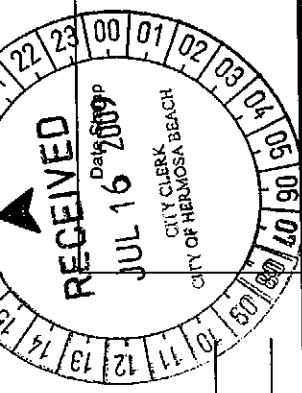
Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |
|---|--|---|
| Josh Ochs | City Council, Hermosa Beach | SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/> |

Candidate Intention Statement

Type or Print in Ink.



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Ochs, Sasha, K.

DAYTIME TELEPHONE NUMBER

(310) 928-7905

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

P.O. Box 1230

CITY

Hermosa Beach

STATE

CA

ZIP CODE

90254

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2009
(Year of Election)

DISTRICT NUMBER, if applicable, NON-PARTISAN

PARTY:

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election _____
(Year of Election) Special/runoff election

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on July 16th, 2009
(month, day, year)

Signature [Signature]
(Candidate)

CANDIDATE'S PUBLIC/PRESS INFORMATION

PLEASE SUBMIT TO THE CITY CLERK WITH YOUR NOMINATION PAPERS.

THIS FORM WILL BE MADE AVAILABLE TO THE PUBLIC AND THE PRESS.
SPECIFY THE ADDRESS AND PHONE NUMBER(S) YOU WISH TO BE USED.



NAME MARC RICHARD SCHOONOVER
ADDRESS 439 Ocean View Ave
TELEPHONE: (Res.) 310) 376-1087 (Bus.) 310) 491-6015
E-MAIL blackdogfarmprod@yahoo (Cell) ↓
OCCUPATION antique dealer

EDUCATION 1 year College Graphic Design trade school

PROFESSIONAL _____

FAMILY Single no children

OTHER _____

CAMPAIGN MANAGER, IF ANY Jim Mellon

PHONE NUMBER 310) 540-2029

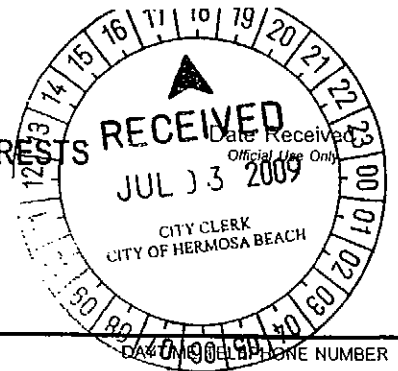
COPY

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document



Please type or print in ink.

| | | | | |
|--|---------|---------------|---------------|----------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DATE RECEIVED | PHONE NUMBER |
| Schoonover | Marc | Richard | JUL 3 2009 | (310) 491-6015 |
| MAILING ADDRESS (May use business address) | | STREET | CITY | STATE |
| 439 Ocean View Ave. | | Hermosa Beach | CA | 90254 |
| OPTIONAL: FAX / E-MAIL ADDRESS | | | | |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Hermosa Beach

Division, Board, District, if applicable:
City Council

Your Position:
Council member

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of Hermosa Beach

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: 2009

4. Schedule Summary

▶ Total number of pages including this cover page: 1

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 8-3-2009
(month/day/year)

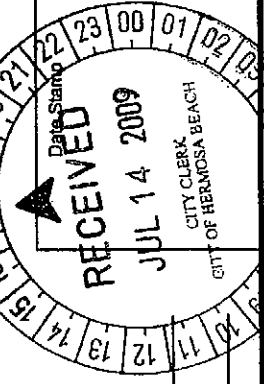
Signature [Signature]
(File the originally signed statement with your filing official.)

Candidate Intention Statement

Type or Print in Ink.

CALIFORNIA FORM 501

For Official Use Only



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Schoonover, Marc B

DAYTIME TELEPHONE NUMBER

(310) 491-6015

FAX NUMBER (optional)

(310) 376-1072

E-MAIL (optional)

STREET ADDRESS

439 Ocean View Ave.

CITY

Hermosa Beach

STATE

CA

ZIP CODE

90254

OFFICE SOUGHT (POSITION TITLE)

Council-Person

AGENCY NAME

DISTRICT NUMBER, if applicable. NON-PARTISAN

PARTY:

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

____ Primary/general election _____ Special/runoff election
(Year of Election) (Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark, if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on 6-30-09
(month, day, year)

Signature [Signature]
(Candidate)