

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars

NAME OF FILER Yes on A for El Segundo's Future YES ON A CODE/PHONE NUMBER (110) 439-9361 STREET ADDRESS 1161706 CITY El Segundo STATE CA ZIP CODE 90245		ID NUMBER (if applicable) 1161706		Date of This Filing 03/12/2014	Report No. * [] Amendment to Report No. (exclude book no.)	No. of Pages 1	(Date Stamp) RECEIVED CITY CLERK'S OFFICE	CALL ORNIA FORM 497 For Official Use Only
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO INDICATE ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, INDICATE OCCUPATION AND E MAIL (ONLY IF APPLICABLE)	AMOUNT RECEIVED
03/11/2014	California Teamsters Public Affairs Council Finance Account 1127 11th St., Ste. 501 Sacramento, CA 95814 Committee ID # 901366	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan Provide interest rate %	2,500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan Provide interest rate %	

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 497 (March/2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Yes on A for El Segundo's Future		Date of This Filing 03/06/2014		Date Stamp	
AREA CODE/PHONE NUMBER (310) 439-9361		I.D. NUMBER (if applicable) 1363708		REPORT NO. 5	
STREET ADDRESS 531 Main St., Ste. A		STATE CA		ZIP CODE 90245	
CITY El Segundo		AMENDMENT TO REPORT NO. (explain below)		No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
03/06/2014	Mar Ventures, Inc. 2050 W. 190th Street, Ste. 108 Torrance, CA 90504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00

<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan Provide interest rate _____ %
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan Provide interest rate _____ %

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Return for Amendment

FPPC Form 497 (March/2011)
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497 Contribution Report

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RECEIVED 3-4-14
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497 CONTRIBUTION REPORT

NAME OF FILER

Yes on A for El Segundo's Future

Date Stamp

CALIFORNIA
FORM
497

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AREA CODE/PHONE NUMBER

(310) 439-9361

I.D. NUMBER (if applicable)

1363708

STREET ADDRESS

531 Main St., Ste. A

CITY

El Segundo

STATE

CA

ZIP CODE

90245

Date of This Filing 02/28/2014

Report No. 4

Amendment to Report No. _____ (explain below)

No. of Pages 1

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/28/2014	El Segundo City Employees Association 33173 Mulholland Highway Malibu, CA 90265	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan Provide interest rate _____%	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan Provide interest rate _____%	

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Financial for Amendment

FPPC Form 497 (March/2014)
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497 Contribution Report

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Date Stamp

NAME OF FILER
You can A for RI Segundo's Partner

ARI A/CODE/PHONE NUMBER
(110)439 9161

STREET ADDRESS
541 Main St., Ste. A

CITY
RI Segundo

10 NUMBER (for digital files)
161700

STATE
CA

ZIP CODE
90245

Date of This Filing
Report No. 001
 Amendment to Report No. (excludes fees)
No. of Pages 1

CALIFORNIA FORM 497
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONTRIBUTOR ADDRESS NOT KNOWN TO COMMITTEE)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, FILING OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT (IN DOLLARS)
02/26/2014	RI Segundo Justice Office P.O. Box 248 RI Segundo, CA 90245 Committee ID # 960464	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____ % <input type="checkbox"/> Check if Loan Provide interest rate _____ %

Reason for Amendment: _____

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497 CONTRIBUTION REPORT

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NAME OF FILER El Segundo Police Officers' Association PAC		Date of This Filing 02/25/2014		Date Stamp	
AREA CODE/PHONE NUMBER (310) 503-4089	ID. NUMBER (if applicable) 960463	Report No. 022514BSPO			
STREET ADDRESS 531 Main St., #605		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>			
CITY El Segundo	STATE CA	ZIP CODE 90245	No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
02/24/2014	Yes on A for El Segundo's Future (ID# 1363708) 531 Main St., #A El Segundo, CA 90245	Yes on A City of El Segundo	5,000.00	04/08/2014

Reason for Amendment: _____

FPPC Form 497 (March/2014)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribution Report

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NAME OF FILER

Yes on A for El Segundo's Future

AREA CODE/PHONE NUMBER
(310) 439-9361

I.D. NUMBER (if applicable)
Pending

STREET ADDRESS

531 Main St., Ste. A

CITY

El Segundo

STATE

CA

ZIP CODE

90245

Date Stamp

497 CONTRIBUTION REPORT

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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/11/14	El Segundo Firefighters Political Action Committee P.O. Box 55 El Segundo, CA 90245 ID No. 1231824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan Provide interest rate: _____ %	5,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan Provide interest rate: _____ %	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan Provide interest rate: _____ %	

Attachment for Amendment

**Contributor Codes	
IND	Individual
COM	Recipient Committee (other than PTY or SCC)
OTH	Other (e.g., business entity)
PTY	Political Party
SCC	Small Contributor Committee

FPPC Form 497 (March 2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

KAUFMAN LEGAL GROUP

F A X C O V E R S H E E T

Joseph A. Guardarrama
Attorney



777 South Figueroa Street, Suite 4050
Los Angeles, California 90017

Main: (213) 452-6565
Direct: (213) 452-6545
Fax: (213) 452-6575

date: March 4, 2014

to: El Segundo City Clerk

fax no.: (310) 615-0529

from: Joseph A. Guardarrama

re: Form 497

our file no.: ELS3412.001

our file name: Yes on A for El Segundo's Future

original will:

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BE SENT BY MESSENGER

NOT BE SENT

BE SENT BY E-MAIL

TOTAL NUMBER OF PAGES INCLUDING THIS FORM IS: 2

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