

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)

Morales

CG (FIRST)
Eloy

2019 MAR 29 AM 8:08 (E)

RECEIVED
CITY CLERK
CITY OF INGLEWOOD
2019 MAR 29 AM 8:20
RECEIVED
FAIR POLITICAL PRACTICES COMMISSION

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Inglewood

Division, Board, Department, District, if applicable

Your Position

City Council Member

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

Agency: _____

Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Inglewood

Other _____

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

Annual: The period covered is January 1, 2018, through December 31, 2018.

Leaving Office: Date Left _____
(Check one circle.)

-or-

The period covered is ____/____/____, through December 31, 2018.

The period covered is January 1, 2018, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments – schedule attached

Schedule C - Income, Loans, & Business Positions – schedule attached

Schedule A-2 - Investments – schedule attached

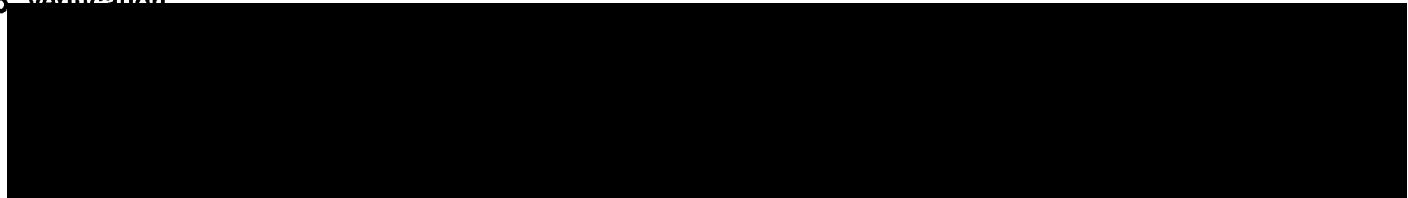
Schedule D - Income – Gifts – schedule attached

Schedule B - Real Property – schedule attached

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

-or- **None - No reportable interests on any schedule**

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that _____ is correct.

Date Signed 3/29/19
(month, day, year)

Signature _____
(Please print name and title of filer statement with your filing official.)