CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

1. Office, Agency, of Court Agency, Name (Do not use acranyms) Division, Board, Department, District, if applicable PCLANDIAG Note of Statement District, if applicable PCLANDIAG Note of Statement (Check at least one box) State Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Agency: Position: 2. Jurisdiction of Office (Check at least one box) Agency: City of Lagune Reack Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through December 31, 2016. The period covered is January 1, 2016, through December 31, 2016. OThe period covered is January 1, 2016, through the date of leaving office: Assuming Office: Date assumed Assuming Office: Date	NA	ME OF FILER (LAST) (FIRST)	Sentence action and designation (MIDDLE)	
Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Planning Division, Board, District, If applicable District District, Distric	promise	Drapkin Scott	Sean	
Division, Board, Department, District, if applicable Planning Position: If filing for multiple positions, list below of on an attachment. (On not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State County of	1.	Office, Agency, or Court		
PCGATIONS DVEEN If filing for multiple positions, list below of on an attachment. (Do not use acronyms) Agency: Position: Judge or Court Commissioner (Statewide Jurisdiction)			icuna Beach	
If filing for multiple positions, list below of on an attachment. (Do not use acronyms) Agency:		Division, Board, Department, District, if applicable	Your Position	
Agency		Planning DIVISION		
2. Jurisdiction of Office (Check at least one box) State		▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)	
State		Agency:	Position:	
Multi-County County of	2.	Jurisdiction of Office (Check at least one box)	,	
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through December 31, 2016. Check one		☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)	
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Annual: The period covered is January 1, 2016, through December 31, 2016. (Check one) December 31, 2016. (Check one)		City of Lagune Beach	Other	
December 31, 2016. The period covered is	3.	Type of Statement (Check at least one box)		
The period covered is		December 31, 2016.		
the date of leaving office. Candidate: Election year		The period covered is, through	leaving office.	
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 B - Income - Gifts - Schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule 5. Verification MAILING ADDRESS (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER CTY STATE ZIP CODE GRANIL ADDRESS STREET AND CAR BEAN CAR 92 (65) DAYTIME TELEPHONE NUMBER SUMMARY 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 the foregoing is true and correct. Date Signed (Inglith, day, year) Signature (File]the originally signed statement with your filing cifficial.)		Assuming Office: Date assumed/		
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 None - No reportable interests on any schedule 5. Verification MAILING ADDRESS (Business or Agency Address Recommended – Public Document) DAYTIME TELEPHONE NUMBER OA GARDRESS E-MAIL ADDRESS Lagura Beau GARDRESS STREET (PLA) 497 – 0363 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 the foregoing is true and correct. Date Signed (File the originally signed statement with your filing official.)		Candidate: Election year and office sought, if different than Part 1:		
Schedule A-1 - Investments — schedule attached Schedule D - Income — Gifts — schedule attached Schedule D - Income — Gifts — schedule attached Schedule B - Real Property — schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER DAYTIME TELEPHONE NUMBER 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 the foregoing is true and correct. Signature (Flighte originally signed statement with your filing official.)	4. Schedule Summary (must complete) ► Total number of pages including this cover page:			
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