



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
MONAHAN MARGARET R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF LAGUNA BEACH  
Division, Board, Department, District, if applicable Your Position  
DESIGN REVIEW BOARD 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 LAGUNA BEACH  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2016, through December 31, 2016.  
-or- The period covered is 10 / 21 / 2015, through December 31, 2016.  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2016, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

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

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
505 FOREST AVENUE LAGUNA BEACH CA 92651  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 949 ) 235-4467 MMONAHAN@LAGUNABEACHCITY.ENT

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 3/8/2017  
(month, day, year)

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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: M. Monahan

NAME OF BUSINESS ENTITY: AO SMITH
GENERAL DESCRIPTION OF THIS BUSINESS: WATER TECHNOLOGY
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: / / 16 ACQUIRED / / 16 DISPOSED

NAME OF BUSINESS ENTITY: ESSEX PROPERTY TRUST
GENERAL DESCRIPTION OF THIS BUSINESS: APARTMENT COMMUNITIES
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: REIT
IF APPLICABLE, LIST DATE: / / 16 ACQUIRED 2 / 22 / 16 DISPOSED

NAME OF BUSINESS ENTITY: FLOWSERVE CORP
GENERAL DESCRIPTION OF THIS BUSINESS: PUMPS, SEALS, VALVES
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: / / 16 ACQUIRED 6 / 2 / 16 DISPOSED

NAME OF BUSINESS ENTITY: FIDELITY NATIONAL FINANCIAL
GENERAL DESCRIPTION OF THIS BUSINESS: TITLE INSURANCE
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: / / 16 ACQUIRED / / 16 DISPOSED

NAME OF BUSINESS ENTITY: SPDR GOLD TRUST
GENERAL DESCRIPTION OF THIS BUSINESS: GOLD BULLION
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: / / 16 ACQUIRED / / 16 DISPOSED

NAME OF BUSINESS ENTITY: JOHNSON CONTROLS
GENERAL DESCRIPTION OF THIS BUSINESS: ENERGY EFFIC & AUTO PARTS/PRODUCTS
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: / / 16 ACQUIRED 2 / 22 / 16 DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

M MONAHAN

NAME OF BUSINESS ENTITY: STEEL DYNATICS
GENERAL DESCRIPTION OF THIS BUSINESS: STEEL PRODUCER
FAIR MARKET VALUE: [X] \$10,001 - \$100,000
NATURE OF INVESTMENT: [X] Stock
IF APPLICABLE, LIST DATE: 10/14/16 ACQUIRED

NAME OF BUSINESS ENTITY: HUNTINGTON BANCSHARES
GENERAL DESCRIPTION OF THIS BUSINESS: BANKING
FAIR MARKET VALUE: [X] \$10,001 - \$100,000
NATURE OF INVESTMENT: [X] Stock
IF APPLICABLE, LIST DATE: 6/3/16 ACQUIRED

NAME OF BUSINESS ENTITY: PULTE GROUP
GENERAL DESCRIPTION OF THIS BUSINESS: HOME BUILDER
FAIR MARKET VALUE: [X] \$10,001 - \$100,000
NATURE OF INVESTMENT: [X] Stock
IF APPLICABLE, LIST DATE: 6/3/16 ACQUIRED

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE:

Comments:

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 M MONAHAN

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME JOHN HANCOCK	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 18100 VON KARMAN STE 400, IRVINE, CA	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE COMMERCIAL REAL ESTATE LENDING	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION SENIOR MANAGING DIRECTOR	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$1,001 - \$10,000	_____	City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 M MONAHAN

▶ NAME OF SOURCE *(Not an Acronym)*  
 RED CROSS - ORANGE COUNTY

ADDRESS *(Business Address Acceptable)*  
 601 N GOLDEN CIRCLE, SANTA ANA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 NON PROFIT EMERGENCY RESPONSE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 16	\$ 200	CONCERT TICKETS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*  
 DIANE BRIDGES

ADDRESS *(Business Address Acceptable)*  
 995 ACAPULCO ST, LAGUNA BEACH, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 NONE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 12 / 16	\$ 400	HOCKEY TICKETS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_