



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Eberacochea, Ed

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Laguna Beach

Network Administrator

Division, Board, Department, District, if applicable

Your Position

Information Technology Department

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, Multi-County, City of Laguna Beach, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2016, through December 31, 2016. Leaving Office: Date Left. Assuming Office: Date assumed. Candidate: Election year and office sought.

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

Schedules attached

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

505 Forest Ave

Laguna Beach

CA

92651

DAYTIME TELEPHONE NUMBER

(949) 464-6654

E-MAIL ADDRESS

eberacochea@lagunabeachcity.net

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 03/21/2017 (month, day, year)

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

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