



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Berry Kristen Leigh

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Laguna Beach

Division, Board, Department, District, if applicable

Police Department

Your Position

Support Services Supervisor

► 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. Leaving Office: Date Left ____/____/____ (Check one)
- Assuming Office: Date assumed ____/____/____ The period covered is January 1, 2016, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____ The period covered is ____/____/____, through the date of 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 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
(714) 323-8822 kberry@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 03/14/2017
(month, day, year)

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