CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**



Please type or print in ink.

Cay	\ 1		(FIRST)	NAME OF FILER (LAST)
1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Laguna Beach Division/Board, Department, District, if applicable Laguna Reach Police Chief Your Position Laguna Reach Police (Chief Your Position Laguna Reach Police (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 Wity of Laguna Reach Other 3. Type of Statement (Check at least one box)	Cay		Laura	Facinella
City of Laguna Beach Division/Board, Department, District, if applicable Laguna Reach Police Department I filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Judge or Court Commissioner (Statewide Jurisdiction) Multi-County City of Laguna Reach Other Type of Statement (Check at least one box)	/			
Division/Board, Department, District, if applicable \[\alpha \text{Reach Police Department.} \] \[\alpha \text{ If filling for multiple positions, list below or on an attachment.} \] \[\alpha \text{ not use acronyms} \] Agency: \[\alpha \text{Position:} \] \[\alpha \text{State} \text{Durisdiction of Office (Check at least one box)} \] \[\alpha \text{State} \text{Dudge or Court Commissioner (Statewide Jurisdiction)} \] \[\alpha \text{City of } \alpha \text{Laguna Reach} \text{Dother} \text{Other} \text{Dother} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other}	,		~ /	
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3. Type of Statement (Check at least one box)			20 1	Multi-County
*./		Other	ach	City of Laguna
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Annual: The period covered is January 1, 2016, through December 31, 2016. Leaving Office: Date Left/(Check one)	J			Annual: The period covered
-or- The period covered is through	6, through the date of	The period covered is January	, through	*Or*
December 31, 2016. leaving office.		leaving officeor-	, ,	
Assuming Office: Date assumed, through the date of leaving office.	, through		d/	Assuming Office: Date ass
Candidate: Election year and office sought, if different than Part 1:		if different than Part 1:	and office sought,	Candidate: Election year
4. Schedule Summary (must complete) ▶ Total number of pages including this cover page:		er of pages including this cover pag	complete) ► Total numb	4. Schedule Summary (mu
Schedules attached				Schedules attached
☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached	ns - schedule attached	Schedule C - Income, Loans, & Business	schedule attached	Schedule A-1 - Investmen
☐ 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	- schedule attached	Schedule E - Income – Gifts – Travel Payl	schedule attached	
None - No reportable interests on any schedule			ests on any schedule	
5. Verification			osts on any sonodalo	
MAILING ADDRESS STREET CITY STATE ZIP CODE		STATE		
(Business or Agency Address Recommended - Public Document)	ZIP CODE			
SOS FOCEST AUP, LOGUICO ISPACIO (A. 1765) DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS	ZIP CODE	and CA	- 1 -	(Business or Agency Address Recommend
	ZIP CODE 2651	E-MAIL ADDRESS	- 1 -	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain herein and in any attached schedules is true and complete. I acknowledge this is a public document.	2651 deity-net	E-MAIL ADDRESS 15-ATIME 11-A (agora	ie, Lagura B	(Business or Agency Address Recommend 505 FoseSt DAYTIME TELEPHONE NUMBER (949) 497-03
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	2651 deity-net	iewed this statement and to the best of my known is a public document.	preparing this statement. I have resist true and complete. I acknowledge	(Business or Agency Address Recommend SOS FOCEST DAYTIME TELEPHONE NUMBER (949) 497 - 03 I have used all reasonable diligent herein and in any attached sched
Date Signed 3-16-17 Signature	2651 deity-net	iewed this statement and to the best of my known is a public document.	preparing this statement. I have resist true and complete. I acknowledge	(Business or Agency Address Recommend SOS FOCEST DAYTIME TELEPHONE NUMBER (949) 497 - 03 I have used all reasonable diligent herein and in any attached sched
(month, day, year) (File the originally signed statement with your filing official.)	2651 dc.ty net the information contained	iewed this statement and to the best of my known that the foregoing is true and correct.	preparing this statement. I have resist true and complete. I acknowledge	(Business or Agency Address Recommend SOS FOCEST DAYTIME TELEPHONE NUMBER (949) 497 - 03 I have used all reasonable diligent herein and in any attached sched