

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



FEB 0 6 2017

NAME OF FLER (LAST) Comp Austin Bryan Aus	Please type or print in ink.				City Clerk's Office	
1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Laguna Beach Division, Board, Department, District, if applicable Public Works If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency Position: Position:	NAME OF FILER (LAST) (FIRST)					
1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Laguna Beach Division, Board, Department, District, if applicable Public Works 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) Clty of Other	Comp Austin		in -		Bryan	
City of Laguna Beach Division. Board, Department, District, if applicable Public Works Agency: Position: Agency: Position: Agency: Position: Position:	1. Office, Agency, or Cour	t				
City of Laguna Beach Division. Board, Department, District, if applicable Public Works Agency: Position: Agency: Position: Agency: Position: Position:						
Division, Board, Department, District, if applicable	7 6 4	-,,				
Public Works Senior Fleet Maintenance Supervisor If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position:		trict, if applicable	Your Position			
If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:						
State	·					
State	Agency:		Position:	· · · · · · · · · · · · · · · · · · ·		
State	2. Jurisdiction of Office	Check at least one box)				
Multi-County County of		2000	□ ludes as Count	0	04-4	
City of Cit						
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through December 31, 2016. Check one) December 31, 2016. O'The period covered is January 1, 2016, through December 31, 2016. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office. O'The period covered is January 1, 2016, through the date of leaving office.	Multi-County		County of	County of		
Annual: The period covered is January 1, 2016, through December 31, 2016. The period covered is	City of		Other			
Annual: The period covered is January 1, 2016, through December 31, 2016. The period covered is	3. Type of Statement (Chec	ck at least one box)	-			
December 31, 2016. The period covered is	The second secon	,	□ Laguing Offic	a. Data Laft	I I	
The period covered is	December 31, 201	^		e: Date Left		
Assuming Office: Date assumed	The period covere		leaving office		ary 1, 2016, through the date of	
A. Schedule Summary (must complete) ► Total number of pages including this cover page:	☐ Assuming Office: Date ass	sumed	O The period		/, through	
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Or- None - No reportable interests on any schedule Street Suprements – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached occordence – Income – Gifts – Travel Payments – schedule attached occordence – Income – Gifts – Travel Payments – schedule attached occordence – Income – Gifts – Income – Gifts – Travel Payments – schedule attached occordence – Income – Gifts – Travel Payments – schedule attached occordence – Income – Income – Gifts – Travel Paymen						
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Or- None - No reportable interests on any schedule Street Suprements – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached occordence – Income – Gifts – Travel Payments – schedule attached occordence – Income – Gifts – Travel Payments – schedule attached occordence – Income – Gifts – Income – Gifts – Travel Payments – schedule attached occordence – Income – Gifts – Travel Payments – schedule attached occordence – Income – Income – Gifts – Travel Paymen	4. Schedule Summary (must complete) Total number of pages including this pages pages					
Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached None - No reportable interests on any schedule State Tity State Zip Code MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) Sof Forest Avenue Laguna Beach DAYTIME TELEPHONE NUMBER (949) 464-6637 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 O2/06/2017 Signature						
Schedule B - Real Property - schedule attached Or- None - No reportable interests on any schedule State	Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached					
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 [949) 464-6637 E-MAIL ADDRESS 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 02/06/2017 Signature						
None - No reportable interests on any schedule None - None	☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached					
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended Public Document) 505 Forest Avenue Laguna Beach CA 92651 DAYTIME TELEPHONE NUMBER (949) 464-6637 E-MAIL ADDRESS acomp@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 02/06/2017 Signature	-or-					
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 505 Forest Avenue Laguna Beach CA 92651 DAYTIME TELEPHONE NUMBER (949) 464-6637 E-MAIL ADDRESS acomp@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	None - No reportable in the last of the last	interests on any schedule	ži.	,		
(Business or Agency Address Recommended - Public Document) 505 Forest Avenue DAYTIME TELEPHONE NUMBER (949) 464-6637 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	5. Verification			and the second second		
DAYTIME TELEPHONE NUMBER (949) 464-6637 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			CITY	STATE	ZIP CODE	
DAYTIME TELEPHONE NUMBER (949) 464-6637 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		Radio VII - Program Orosano na riptoria	aguna Beach	CA	92651	
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						
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	(949) 464-6637 acomp@lagunabeachcity.net					
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed	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.					
Signature	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Signature	02/0	06/2017				
	Date Signed			ne originally signed state	med with your filing official.)	