## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



City Clark's Office

NAME OF FILER (LAST)	(FIRS	iT)		(MIDDLE)	
Kneip	Lou	uis		M	
1. Office, Agency, or Court					
Agency Name (D	o not use acronyms)				
City of Lagun	a Beach				
Division, Board, D	epartment, District, if applicable		Your Position		
Department of	of Public Works		Project Director		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:			Position:	3	
2. Jurisdiction of Office (Check at least one box)					
☐ State			☐ Judge or Court Commissioner (State)	wide Jurisdiction)	
Multi-County _			County of		
			Other		
Ed Oily of					
3. Type of State	ement (Check at least one box)				
	period covered is January 1, 2016, through ember 31, 2016.		Leaving Office: Date Left/_ (Check one)		
	period covered is/	, through	<ul> <li>The period covered is January 1 leaving office.</li> </ul>	, 2016, through the date of	
Assuming Of	fice: Date assumed//		<ul> <li>The period covered is/_</li> <li>the date of leaving office.</li> </ul>	, through	
Candidate: Election year and office sought, if different than Part 1:					
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 Po	ositions - schedule attached	
☐ Schedule				edule D - Income - Gifts - schedule attached	
Schedule	B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payme	ents - schedule attached	
-or-					
✓ None - No	reportable interests on any schedule				
5. Verification					
MAILING ADDRESS (Business or Agency Ad	STREET ddress Recommended - Public Document)	CITY	STATE	ZIP CODE	
DAYTIME TELEPHONE	- NIIMBER		E-MAIL ADVRESS		
( 949 ) 424-			kneip@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	3/14/17	Sia	nature		
Date Signed	(month, day year)	Sig	(File the originally signed statement w	with your filing official )	