CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC IN RESTS

COVER PAGE

Date Initia CEINGE Ceived

FEB 1 8 2020

Please type or print in ink.	A PUBLIC DOCUMENT	City Clerk's Office
NAME OF FILER (LAST)	(FIRST)	(MIDDEE)Seach, CA
OLSEN BALLARD	DONNA	JEAN
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
CITY OF LAGUNA E	3FACH	
Division, Board, Department, District, if applicable	Your Position	
ARTS COMMISSION	$\mathcal{O}_{\mathcal{O}_{\mathcal{I}}}$	MM/SS/ANER
▶ If filing for multiple positions, list below or on an attach		
I ming for multiple positions, list below or on an attach	ment. (Do not use actoryms)	
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)		
☐ State		o Tem Judge, or Court Commissioner
	(Statewide Jurisdiction)	
Multi-County — DENCLI	County of	
City of LAGUNA BEACH	Other	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2019, three	ough Leaving Office: Date L	.eft/
December 31, 2019.		heck one circle.)
-or- The period covered is/	, through	is January 1, 2019, through the date of
December 31, 2019.	or-	
Assuming Office: Date assumed/	The period covered the date of leaving of	is/, through ffice.
Candidate: Date of Election	and office sought, if different than Part 1:	
4. Schedule Summary (must complete)	Total number of pages including this as	
Schedules attached	Total number of pages including this co	over page:
	Schodula C. Incomo I cono 9	Pusiness Positions askedule attacked
Schedule A-1 - Investments – schedule attached	Schedule D - Income - Gifts - s	Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached	~	Travel Payments – schedule attached
Schedule B - Real Property – schedule attached	× some in the same same	Taron raymonica constant and shou
-or- ☐ None - No reportable interests on any	schedule	
5. Verification		
MAILING ADDRESS STREET	CITY STA	TE ZIP CODE
(Business or Agency Address Recommended - Public Document)	CTE 10 ING WASH REW	H M 90001
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	11, CIF 12651
(949) 494-8093	d.oken wh	harchitects can
I have used all reasonable diligence in preparing this state	ment. I have reviewed this statement and to the best	of my knowledge the information contained
herein and in any attached schedules is true and complet		
I certify under penalty of perjury under the laws of the	State of California that the foregoing is true and	d correct.
Data Signad 2/17/20	Simular DAMACA	Usen Ballala
Date Signed (month, day, year)	Signature (File the originally signe	ed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
	_

NAME OF BUSINESS ENTITY FIDELITY GENERAL DESCRIPTION OF THIS BUSINESS	NAME OF BUSINESS ENTITY FURTHER AUTOMOTION
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500, or More (Report on Schedule C) BIGUALI BERKSHIPE HATHIWH (IMPRES) IF APPLICABLE, LIST DATE: LKG, MARKEL, MICRO	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) BIGLARI BERESHKE HATTHAWAY IF APPLICABLE, LIST DATE: TRUPAVION
NAME OF BUSINESS ENTITY → NAME OF BUSINESS ENTITY	ACQUIRED DISPOSED NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Income Received of \$500 or More (Report on Schedule C)
/	/
MAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS	MAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
BBARCHITECTS INC	
Name	Name
1590 S (VIAST HWY. STE/8 Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS ARCHITECTURE FIRM	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 / _ 19	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ☒ S CORPOTE Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	☐ None or ☐ Names listed below
MIFNT LIST ON REQUEST.	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property 1590 S. COAST HUV., STE 15, 15, 14	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold 2.5 1/25	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS STO BATA ST.	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 59 S. MAST 44 5
* You are not required to report loans from a commercia	al lending institution made in the lender's regular course of
business on terms available to members of the public	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	
Name	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
BB ARCHITECTS INCL	1
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1590 S. MAST. HINY, STE 18	
BUSINESS ACTIVITY, IF ANY, OF SOURCE LACUNA BUT	BUSINESS ACTIVITY, IF ANY, OF SOURCE
CH 926	7
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
OWNER	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 QOVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAD
- Address - Addr	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	ander anness
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	·
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
5.2 \$.00,000	Other(Describe)
Comments:	

SCHEDULE D Income - Gifts



			7 -			· · · · · · · · · · · · · · · · · · ·
► NAME OF SOURCE	CE (Not an Acronym) 	•	NAME OF SOURCE	E (Not an Acronym)
(\'/7\	1 OF CHE	UNA BEFEH	Ш			
ADDRESS (Busine	•	ble)	\prod	ADDRESS (Busines	s Address Accepta	ble)
505	FOREST	AVE, LHOWNBCH	11			
BUSINESS ACTIV	TY, IF ANY, OF S	SURCE 4 TICVETC TO	Ш	BUSINESS ACTIVIT	TY, IF ANY, OF SO	DURCE
AUGUST A	2019 \$3	40 PAGEANT OF	Ш			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$				\$	
//	\$				\$	
	\$				\$	-
► NAME OF SOURC	CE (Not an Acronyn)	1 •	NAME OF SOURCE	E (Not an Acronym)
ADDRESS (Busine	ss Address Accepta	ble)		ADDRESS (Busines	s Address Accepta	ble)
BUSINESS ACTIV	ITY, IF ANY, OF S	DURCE		BUSINESS ACTIVI	TY, IF ANY, OF SO	DURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$				\$	
	\$				\$	
	\$				\$	
NAME OF SOURCE	CE (Not an Acronym)		NAME OF SOURC	E (Not an Acronym)
ADDRESS (Busine	ss Address Accepte	ble)		ADDRESS (Busines	ss Address Accepta	ble)
BUSINESS ACTIV	ITY, IF ANY, OF S	DURCE		BUSINESS ACTIVIT	TY, IF ANY, OF SO	DURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$				\$	
	\$				\$	
	\$				\$	
Comments:						

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES	COMMISSION
Name	

Mark either the gift or income box.	
	received from a nonprofit 501(c)(3) organization
or the "Speech" box if you made a speech or p	participated in a panel. Per Government Code
	bject to the gift limit. However, they may result
in a disqualifying conflict of interest.	\sim \langle \langle \langle \langle \rangle \rangle
For gifts of travel, provide the travel destination	on. / / / / /
► NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):////
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	

CALIFORNIA FORM 700

STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received COVER PAGE

	A PUBLI	C DOCUMENT	
Please type or product as ask. NAME OF PEER BARD	gwest)		MEDUD.
CHAUVEL	SUZAN		LUSK
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) ARTS COMM Division, Board, Department, District, If applicat		LAGUNA BEACH Your Position	
► If filing for multiple positions, list below or or Agency: ART.S. COMMISSION			
2. Jurisdiction of Office (Check at least			
State		Judge, Retired Judge, Pro Tern Jud (Statewide Jurisdiction)	lge, or Court Commissioner
Multi-County		Down d ORANGE	
BLOY & LAGONA BEA	101	[2] Other	
3. Type of Statement (Check at least one	bort		
Annual: The period covered is January 1, December 31, 2019.		Leaving Office: Date Left(Check one	
The period covered is/_ December 31, 2019.	through	O The period covered is January leaving office.	1, 2019, through the date of
Assuming Office: Date assumed/_		O The period covered is the date of leaving office.	through
Candidate: Date of Election	and office sought, if d	liferent than Part 1:	
Schedule Summary (must complete Schedules attached	te) ➤ Total number of	pages including this cover page	de:
Schedule A-1 - Investments - schedule a Schedule A-2 - Investments - schedule a Schedule B - Real Property - schedule a	stached Sk	thedule C - Income, Loans, & Business thedule D - Income - Gifts - schedule thedule E - Income - Gifts - Travel Pa	attached
or- No reportable interests o	n any schedule		
Verification			
MALING ACCRESS STREET (Summer or Agency Address Recommended - Public Document	e city	STATE	ZP C00E
444 ALTA VISTA WY	LAGUNA B	EACH CA-	92651
(949) 939 - 3367		suzichauvel@co	x.net
have used all reasonable diligence in preparing the orein and in any attached schedules is true and o	is statement. I have reviewed complete. I acknowledge this	this statement and to the best of my ki	nowledge the information contains
certify under penalty of perjury under the law	s of the State of California ti	hat the foregoing is true and correc	-1
Date Signed 6/1/20	Signa	ture XIII. a	diagnot with your ling official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTESTS

COVER PAGE

A PUBLIC DOCUMENT

MAR 1 1 2020

Please type or print in ink.	A PUBL	IC DOCUMENT	
NAME OF FILER (LAST)	(FIRST)		City Chipple's Office City of Laguna Beach, CA
Kollenda	Patricia	Ann	City of Laguilla Beach, CA
1. Office, Agency, or Court	And the second s		ment menter al mente de la colo comencia final de la describación de la color
Agency Name (Do not use acronyms)			
City of Laguna Beach			
Division, Board, Department, District, if applicable		Your Position	
Arts Commission		Commissioner	
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use	acronyms)	5
Agency:		Position:	
2. Jurisdiction of Office (Check at least or	ne box)		
State		☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
⊠ City of Laguna Beach		Other	
3. Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 20 December 31, 2019.)19, through	Leaving Office: Date Left	
The period covered is/	_/, through	 The period covered is Janual leaving office. 	ary 1, 2019, through the date of
Assuming Office: Date assumed/_		The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought, if	f different than Part 1:	
4. Schedule Summary (must complete	b) ► Total number c	of pages including this cover p	age:
Schedules attached	•	· hadaa aaaaa ba	
Schedule A-1 - Investments - schedule at	tached	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – schedule at		Schedule D - Income - Gifts - schedule	
☐ Schedule B - Real Property – schedule at	tached	Schedule E - Income – Gifts – Travel F	Payments - schedule attached
-or- 🗵 None - No reportable interests or	າ any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document 505 Forest Avenue	Laguna Bea	ch CA	92651
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	32001
(949)494-8119	* F	ojkollenda@msn.com	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and or	is statement. I have reviewe complete. I acknowledge the	ed this statement and to the best of my k is is a public document.	nowledge the information contained
I certify under penalty of perjury under the law	s of the State of California	a that the foregoing is true and correct	et.
Date Signed03/11/2020	Sia	nature Patricea ann	Laclanda
(month, day, year)	3ig	(File the originally signed paper st	ratement with your filing official)



STATEMENT OF ECONOMIC INTO LESTS

RECEIVED
Date Initial Filing Received
Filing Official Use Only

FEB 1 0 2020

Please type or print in ink.

A PUBLIC DOCUMENT

COVER PAGE

City Clerk's Office

NA	E OF FILER (LAST) (MIDDLE)
No.	ERVIN MICHAEL RICHARD
1.	Office, Agency, or Court
	Agency Name (Do not use acronyms) ARTS COMMISSION
	Division, Board, Department, District, if applicable Your Position
	▶ 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County County of
	City of Other
3.	Type of Statement (Check at least one box)
	Annual: The period covered is January 1, 2019, through December 31, 2019. 2020 2020 (Check one circle.)
	The period covered is, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
	Assuming Office: Date assumed/
	Candidate: Date of Election 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 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
-C	r- None - No reportable interests on any schedule
5.	Verification
	MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)
	2/7/2- (AES/LEV/DD #1 14/30NA REAPLA (A 92/5/1
	DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
	15628571567
	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.
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed 2-10-2020 Signature
	Signature (File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

RECEIVED

Date Initial Filing Received MAR 222 2018

City Clerk's Office City of Laguna Beach, CA

Ple	ease type or print in ink.			City of Laguna Beach, CA
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
M	lellor	Suzanne		S.
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms) City of Laguna Beach Arts Commission			
	Division, Board, Department, District, if applicable	Your Po	osition	
		Arts 0	Commissioner	
	▶ If filing for multiple positions, list below or on an attach	ment. (Do not use acronyms)		
	Agency:	Positio	n:	
2.	Jurisdiction of Office (Check at least one box)			
	State	☐ Judge	e or Court Commissioner (S	Statewide Jurisdiction)
	Multi-County	Coun	ty of	
	☐ Laguna Beach ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
_	E ony or			
3.	. Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2016, three December 31, 2016.	(Che	ving Office: Date Left eck one)	
	The period covered is///	, tillough	eaving office.	ary 1, 2016, through the date of
	Assuming Office: Date assumed/		The period covered is he date of leaving office.	/, through
	Candidate: Election year al	nd office sought, if different than I	Part 1:	
4	. Schedule Summary (must complete) Schedules attached	► Total number of pages in	ncluding this cover p	age:
		□ Outsatute O	Income Leans & Busine	ess Positions – schedule attached
	Schedule A-1 - Investments – schedule attached	_	 Income - Gifts - schedul 	
	 ☐ Schedule A-2 - Investments – schedule attached ☐ Schedule B - Real Property – schedule attached 			Payments – schedule attached
١.	-Or-			Legal (1-13)
	■ None - No reportable interests on any sch	nedule		
5	. Verification			
Ĭ	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document) 15 Montage Way	Laguna Beach	CA	92651
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRES		
	(949) 499-4993	melijrms@		
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete	ete. I acknowledge this is a public	c document.	
	I certify under penalty of perjury under the laws of the	he State of California that the fo	oregoing is true and corre	1 h //
	Date Signed March 22, 20	Signature	(File he originally signed sta	tement with your filing official.)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Fritial Plan Received Official Use Only

COVER PAGE

FEB 2 5 2019

Ple	ase type or print in ink.	UBLIC DOCUMENT	y Clerk's Office
NAI	ME OF FILER (LAST) (FIRST)		fLa giodiæ ,Beach, CA
	Schwerren Ad	aru A	
1.	Office, Agency, or Court	(
	Agency Name. (Do not use acronyms) Division, Board, Department, District, if applicable	Reah Your Position Commission	٨
	▶ If filing for multiple positions, list below or on an attachment. (Do n	t use acronyms)	
	Agency:	Position:	
2.	Jurisdiction of Office (Check at least one box) State Multi-County City of	☐ Judge or Court Commissioner (Statewide J☐ County of	*
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2018, through December 31, 2018. The period covered is/, through December 31, 2018.	Leaving Office: Date Left/(Check one circle.) The period covered is January 1, 201-leaving office.	
	Assuming Office: Date assumed/	 The period covered is/	, through
	Candidate: Date of Election and office so	ught, if different than Part 1:	
	Schedule Summary (must complete) Total num Schedules attached Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached None - No reportable interests on any schedule	ber of pages including this cover page: Schedule C - Income, Loans, & Business Position Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments -	ns – schedule attached
5.	Verification		
	MAILING ADDRESS (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow I certify under penalty of perjury under the laws of the State of C	EMAIL ADDRESS DEVINE PLANT OF THE PROPERTY OF	TIP CODE 1065) 200, Com The information contained
	Date Signed 2/25/2019	Signature (File the originally staned paper statement with)	your filing official.)



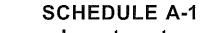
STATEMENT OF ECONOM. INTERESTS Date Initial Filing Re **COVER PAGE**

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A PUBLIC DOCUMENT

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PI	ease type or print in ink.				
NA	ME OF FILER (LAST)	(FIRST)		# 25g	City Clerk's Off (MiDDLE) City of Laguna Beach, CA
	WOOD	KAR	EN		City of Edgs
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)	0			
	City of Laguna Beach	, la			
	Division, Board, Department, District, if applicable			Your Position	
	Auts Commission			Comm	(SSIONER
	▶ If filing for multiple positions, list below or on an	attachment. (Do not	use acron	yms)	**
	Agency:	-		Position:	** ** ** ** ** ** ** ** ** ** ** ** **
2.	Jurisdiction of Office (Check at least on	e box)			
	State			Judge, Retired J (Statewide Jurisc	ludge, Pro Tem Judge, or Court Commissioner diction)
	☐ Multi-County			County of	<u> </u>
	L'City of Laguna Blach, Co				
3.	Type of Statement (Check at least one bo			mannada dana kenara manadakah kilastra bahan	
	Annual: The period covered is January 1, 20			Leaving Office	: Date Left/
	December 31, 2019.				(Check one circle.)
	The period covered is/ December 31, 2019.	/, throug	h	The period leaving office-or-	covered is January 1, 2019, through the date one.
	Assuming Office: Date assumed/	J		The period	covered is/, throug leaving office.
	Candidate: Date of Election	and office sou	ght, if differ	rent than Part 1: _	
4.	Schedule Summary (must complete)	► Total numb	er of pa	ges including	this cover page:
	Schedules attached			* **	
	Schedule A-1 - Investments – schedule atta	ached	Sche	dule C - Income, I	Loans, & Business Positions - schedule attach
	Schedule A-2 - Investments – schedule atta	ached			Gifts - schedule attached
	Schedule B - Real Property – schedule atta	ached	Sche	dule E - Income –	Gifts - Travel Payments - schedule attached
,	or Mana No remarkable interests on	anu aabaalula		* **	
*********	Or- None - No reportable interests on	any schedule			
ວ.	Verification MAILING ADDRESS STREET	CITY			STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document)	1. 0	. /		0
	462 ASTER OT DAYTIME TELEPHONE NUMBER	Caguna Deal	L FMAIL A	ADDRESS	Ca 92651
	(949) 397-4503		60.046163.050.050		1 caol : com
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co		viewed this	s statement and to	
	I certify under penalty of perjury under the laws				true and correct
	Λ				7/100
	Dato Signed: 6/19/20	λ	ign / te	ue (),	



Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

CALIFORNIA FOR	
Name	

Investments must be itemized.

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	NAME OF BUSINESS ENTERT
Wicholas YR 12ary Weath Management Group GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial Management	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other Bands in IRA/1841RA Accounts	NATURE OF INVESTMENT * Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Sche
IF APPLICABLE, LIST DATE: A CCTS Rolledover in 2017*	IF APPLICABLE, LIST DATE:
//	/
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other	FAIR MARKET VALUE \$2,000 - \$10,000
(Describe) Partnership	(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Sche
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	/
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Sche
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//19/	/
Comments . Rollmanto SFT D. not man & Marines and Pan mit	hinarain Dancen walnest under Va za un Went Marries mit