

## STATEMENT OF ECONOMIC INT ESTS COVER PAGE

Date Initial Filing Received
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## RECEIVED

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A PUBLIC DOCUMENT

NAME	OF FILER (LAST)	(FIRST)	MAR () (MODLE/U
Vaz	quez-Avila	Elizabeth	City Clerk's Office
1. C	ffice, Agency, or Court		City of Laguna Beach, CA
Ā	gency Name (Do not use acronyms)		
(	City of Laguna Beach		
	ivision, Board, Department, District, if applicable		Your Position
F	Public Works Department		Senior Public Works Analyst/Solid Waste Program
,	If filling for multiple positions, list below or on an attach	ment. (Do not use	acronyms)
A	gency:		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 Laguna Beach		Other
_			
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2019, three December 31, 2019.	ough	Leaving Office: Date Left//(Check one circle.)
	The period covered is//	, through	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> </ul>
	Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sought, it	f different than Part 1:
4 9	Schedule Summary (must complete)	Total number of	of pages including this cover page:1
	Schedules attached	rotar namber c	n pages including this cover page.
	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
10-	- ☑ <b>None</b> - No reportable interests on any	schedule	
5. V	erification error		
	MAILING ADDRESS STREET Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	505 Forest Avenue	Laguna Bea	ach CA 92651
ī	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(	949 ) 497-0344		lavila@lagunabeachcity.net
	have used all reasonable diligence in preparing this state erein and in any attached schedules is true and complet		ed this statement and to the best of my knowledge the information contained his is a public document.
I	certify under penalty of perjury under the laws of the	e State of California	a that the foregoing is true and correct.
	ate Signed 3/2/20	. Sig	nature Stizebell Cazquel-Marla
	(month, day, year)		(File the originally signed paper statement with your filing official.)

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Date Initial Filing Received

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A PUBLIC DOCUMENT

City Clerk's Office

NAME OF FILER (LAST) (FIRST)	(MIDDLE)
BALMER-CSIRA NA	ancy elien
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)  CITY OF LAGUNA B	EACH
Division, Board, Department, District, if applicable  COMMUNITY DEVELOPMENT	NT ZONING ADMINISTRATION
▶ If filling for multiple positions, list below or on an attachment. (Do not use	e acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
Multi-County	County of
City of LAGUNA BETTCH	☐ Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2019, through December 31, 2019.	Leaving Office: Date Left/(Check one circle.)
The period covered is/, through December 31, 2019.	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> <li>-or-</li> </ul>
Assuming Office: Date assumed 3, 7, 2010	The period covered is/, through the date of leaving office.
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	
7	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached  Schedule B - Real Property – schedule attached	Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
Scriedule B - Real Property - Scriedule attached	g deficació a mosmo a cina a maver i aymenta a sonocida ditabilica
-or-   None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
3131 BERN DR. LAGUNA	BEHCH CA 92651
1949 497-0332	nesivora lagunabeach city.net
I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge to	
I certify under penalty of perjury under the laws of the State of Californ	ia that the foregoing is true and correct.
Date Signed 3/18/2020 Si	gnature (File the originally signed paper statement with your filing official.)
(month, day, year)	/ (i iic tire originally algueu paperstatement with your filling 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.

FAIR POLITICAL PRACTICES COMMISSION

Name

BALMER-CS/RA

NAME OF PURING OF PUTITY	NAME OF DUOINESS ENTITY
NAME OF BUSINESS ENTITY  SERVICES	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
INVESTMENT ACCTS	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 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 Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	OFNERAL RECORDING OF THE RUCINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	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 Schedule C)
O modifie Necesived of \$500 of World (Nepolt of Scriedule C)	income Necesived of \$500 of World (Nepolt of Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_19/19_	//_19//_19_
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
☐ Partnership ○ Income Received of \$0 - \$499	☐ Partnership ◯ Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	//
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

## **SCHEDULE B** Interests in Real Property (Including Rental Income)



ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
LAGUNA BEACH	CITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST  Ownership/Deed of Trust  Easement	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Yrs. remaining Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
	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:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,000 \$1,000	\$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	II
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
BALMER-CSURA

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
NANCY BALMER-CSIRA ARCHIME	RENTAL INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3131 BERN DP., LB 97651 BUSINESS ACTIVITY, IF ANY, OF SOURCE	3131 BERN DR., B, LB, CA 936 BUSINESS ACTIVITY, IF ANY, OF SOURCE
1/21/3	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
MILLS POSTION	ASCINION
1100116	LE33012
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000 OVER \$100,000	\$500 - \$1,000
SCHOOL STATEMENT OF THE SECOND	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(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 I	
a retail installment or credit card transaction, made in t	I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
The bridge of business resolutions	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street duriess
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	Other(Describe)
Comments:	

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS

## **COVER PAGE**

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NAME OF FILER (LAST) (FIRST)

Date	Initial Filing Received
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MAMIL OF FILER (LAST)	(FIRST)			-	(MIDDLE)	- apm
Bates Mitcham	Tiffany		Ann		(alddiw)	.,
1. Office, Agency, or Court					.7,	REC
Agency Name (Do not use acronyms)						
City of Laguna Beach						
Division, Board, Department, District, if ap	plicable	Your Position				
Administrative Services - Huma	an Resources Division	Human Resource	s/Risk Ma	anager		
▶ If filing for multiple positions, list below	or on an attachment. (Do not us	se acronyms)				
Agency:		Position:				
2. Jurisdiction of Office (Check at	least one box)	- Ninasanak				
State		☐ Judge, Retired Judge, (Statewide Jurisdiction		dge, or Co	ourt Commis	sioner
Multi-County		County of				
∠ City of Laguna Beach		☐ Other				
3. Type of Statement (Check at lea	)/i					
Annual: The period covered is Janual December 31, 2019.	ary 1, 2019, through	Leaving Office: Dat	e Left (Check one			
-or- The period covered is	/, through	○ The period covere	•		through the	date of
December 31, 2019.	, ,	-or- leaving office.				
Assuming Office: Date assumed _		<ul> <li>The period covere the date of leaving</li> </ul>			,	through
Candidate: Date of Election	and office sought	t, if different than Part 1:				
4. Schedule Summary (must co	mplete) ► Total number	of pages including this	cover pag	ie:		
Schedules attached		, 0	, ,			
Schedule A-1 - Investments – sch	nedule attached	Schedule C - Income, Loans,	& Business	Positions -	– schedule	attached
Schedule A-2 - Investments – sch		Schedule D - Income - Gifts			551154415	allaonoa
☐ Schedule B - Real Property – sch		Schedule E - Income - Gifts			chedule atta	ached
		_				
-or- 🗵 None - No reportable inter	ests on any schedule					
5. Verification						
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY : Document)	\$	TATE	ZIF	CODE	-
505 Forest Avenue	Laguna Bo	each	CA	92651		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS				
( 949 ) 497-0311		tbates@lagunabeachci	*			
I have used all reasonable diligence in pre herein and in any attached schedules is to	paring this statement. I have revie rue and complete. I acknowledge	ewed this statement and to the be this is a public document.	st of my kno	wledge the	e information	contained
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true a	nd correct.			
Date Signed 03/17/WW	s	Signature Signature	allit	num		
(month, day, year)		(File the oliginally s	igned paper stater	ment with your	filing official.)	

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



FEB 0 7 2020

Please type or print in ink.

NAME OF FILER (LAST)

A PUBLIC DOCUMENT

(FIRST)

City Clerk	de Oss
C(MJDBFE)aguna	Beach Co

В	eres, Jr.	James		E.	*	-011
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	City of Laguna Beach					
	Division, Board, Department, District, if applicable		Your Pos	ition		
	Police Department		Civilia	n Services Adminis	strator	
	▶ If filing for multiple positions, list below or on an attach	ment. (Do not us	se acronyms)			
	Agency: N/A		Position	N/A		
2.	Jurisdiction of Office (Check at least one box)					Occupant and a second at the second
	State			Retired Judge, Pro Temide Jurisdiction)	Judge, or Court Commiss	sioner
	Multi-County		☐ County	of		
	☑ City of Laguna Beach		Other _			
3	Type of Statement (Check at least one box)			***************************************		
J.	Annual: The period covered is January 1, 2019, through the December 31, 2019.	ough	Leavii		ne circle.)	
	The period covered is///	, through	○ Th	e period covered is Januving office.	uary 1, 2019, through the	date of
	Assuming Office: Date assumed/		○ Th			hrough
	Candidate: Date of Election	and office sought	, if different than	Part 1:		
4.	Schedule Summary (must complete)	Total number	of pages inc	luding this cover p	age:	
	Schedules attached			1		
	Schedule A-1 - Investments – schedule attached	Г	□ Schedule C -	Income, Loans, & Busine	ess Positions – schedule a	attached
	Schedule A-2 - Investments – schedule attached	Г		Income - Gifts - schedul		
	Schedule B - Real Property - schedule attached		Schedule E -	Income – Gifts – Travel I	Payments - schedule atta	ched
-0	or- 🗵 None - No reportable interests on any s	schedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	505 Forest Avenue	Laguna Be	each	CA	92651	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	( 949 )464-6669		jberes@lagu	unabeachcity.net		
	I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete				knowledge the information	contained
	I certify under penalty of perjury under the laws of the	State of Californ	nia that the fore	going is true and corre	ct.	
	Date Signed 2/7/2020	S	ignature	(File the originally signed paper s	statement with your filing official )	
	(month, day, year)			in the originally signed papers	Material High your mining official.)	



## STATEMENT OF ECONOMIC INT LESTS

Date Initial Filing Received RECEIVED'se Only

## **COVER PAGE**

Please type or print in ink.

A PUBLIC DOCUMENT

FEB 27 2020

NAM	E OF FILER (LAST)	(FIRST)		City ClenhiboLE)ffice
Ве	rry	Kristen	Leigh	City of Laguna Beach, CA
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	City of Laguna Beach			
	Division, Board, Department, District, if applicable		Your Position	
	Police Department		Support Services Super	visor
	▶ If filing for multiple positions, list below or on an attac	nment. (Do not use acrony		× .
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box	)		
	☐ State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
	Multi-County		County of	
	⊠ City of Laguna Beach			
			9 0 0 10 1	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2019, the December 31, 2019.	rough	Leaving Office: Date Left (Check of	one circle.)
	The period covered is/	, through	<ul> <li>The period covered is January</li> <li>leaving office.</li> </ul>	uary 1, 2019, through the date of
	Assuming Office: Date assumed//_		The period covered is the date of leaving office.	
	Candidate: Date of Election	and office sought, if differ	ent than Part 1:	
4.	Schedule Summary (must complete)	Total number of na	ges including this cover p	1
	Schedules attached	Total number of pag	jes including this cover p	Jage
	Schedule A-1 - Investments - schedule attached	☐ Sched	ule C - Income, Loans, & Busine	ess Positions - schedule attached
	Schedule A-2 - Investments - schedule attached		ule D - Income - Gifts - schedu	
	Schedule B - Real Property - schedule attached	☐ Sched	ule E - Income - Gifts - Travel	Payments - schedule attached
-0	r- 🗵 None - No reportable interests on any	schedule		
5. \	/erification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	505 Forest Avenue	Laguna Beach	Ca	92651
	DAYTIME TELEPHONE NUMBER	EMAIL A		
	( 714 ) 3238822		y@lagunabeachcity.net	
ı	have used all reasonable diligence in preparing this state nerein and in any attached schedules is true and complete	e. I acknowledge this is a	public document.	
	certify under penalty of perjury under the laws of th	e State of California that	the foregoing is true and corre	ect.
ı	Date Signed 2/26/20	Signature		
	' (month, day, year)		(File the originally signed paper	statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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City Clerk's Office City of Laguna Beach, CA

NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)
Be	OGLE	DENNIS		5
1. Office, Ag	gency, or Court	11		
CITY	e (Do not use acronyms)  OF CABUNA  ard, Department, District, if applicable	BEACH	BUILDING Your Position	OFFICIAL
► If filing for	r multiple positions, list below or on an attachi	ment. (Do not use acron	yms)	
Agency:			Position:	
2. Jurisdict	ion of Office (Check at least one box)			
State			Judge or Court Commissioner (Statewide Judge or Court Commissioner (Statewide Judge of Court Court Commissioner (Statewide Judge of Court Court Commissioner (Statewide Judge of Court	urisdiction)
☐ Multi-Cou	inty		County of	
City of _	LAGUNA BEACH		Other	
3. Type of S	Statement (Check at least one box)			
	The period covered is January 1, 2018, through December 31, 2018.	ough [	Leaving Office: Date Left// (Check one circle.)	
-01-	The period covered is/	, through	<ul> <li>The period covered is January 1, 2018</li> <li>-or- leaving office.</li> </ul>	B, through the date of
Assumi	ng Office: Date assumed/		The period covered is/	, through
Candida	te: Date of Election	and office sought, if differ	ent than Part 1:	
	e Summary (must complete)   es attached	Total number of pa	ges including this cover page:	2
Sche	edule A-1 - Investments – schedule attached edule A-2 - Investments – schedule attached edule B - Real Property – schedule attached	Sched	dule C - Income, Loans, & Business Positions dule D - Income – Gifts – schedule attached dule E - Income – Gifts – Travel Payments –	
-or- □ No	ne - No reportable interests on any s		2 24 0	
MAILING ADDR (Business or Ag 949 4 DAYTIME TELE	ESS STREET ency Address Recommended - Public Document)  197 - 0336 PHONE NUMBER	CITY EMAIL A	STATE 92	ZIP CODE
I have used	497 - 0336 all reasonable diligence in preparing this stater any attached schedules is true and complete	nent. I have reviewed this	statement and to the best of my knowledge t	he information contained
I certify und	ler penalty of perjury under the laws of the	State of California that	the foregoing is true and correct.	
Date Signed	3-30-20 (month, day, year)	Signatur	e (File the originally signed paper statement with yo	our filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	Control of the Contro

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CITY OF LAGUNA BEACH ADDRESS (Business Address Acceptable)  505 FOREST AVE LAGUNA BCH	OPANGE COAST College ADDRESS (Business Address Acceptable)
505 FOREST AVE LABUNA BCH BUSINESS ACTIVITY, IF ANY, OF SOURCE	ADDRESS (Business Address Acceptable)  2701 FAIRVIEW RD COSTA MESA BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION  BUILDING OFFICIAL  GROSS INCOME RECEIVED  No Income - Business Position Only  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's or registered domestic partner's income	YOUR BUSINESS POSITION  GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000  S10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED 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.)	(For self-employed use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment  Commission or Rental Income, list each source of \$10,000 or more	Loan repayment  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 PE	RIOD
a retail installment or credit card transaction, made in t	Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to catus. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000 \$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
Comments:	

## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**



FEB 1 0 2020

Please type or print in ink.

A PUBLIC DOCUMENT

City Clerk's Office

NAME OF FILER (LAST)	(FIRST)	City of La Middle Beach, CA
Bolanis	Vicki	Pat
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Laguna Beach		
Division, Board, Department, District, if applicable		Your Position
Building Division		Senior Building Inspector
► If filing for multiple positions, list below or on an	attachment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least on	e box)	
State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
Multi-County		County of
City of		Other
3. Type of Statement (Check at least one bo	ox)	
★ Annual: The period covered is January 1, 20	19, through	Leaving Office: Date Left/
December 31, 2019.		(Check one circle.)
The period covered is/	J, through	The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	, if different than Part 1:
4. Schedule Summary (must complete	T-4-1	
Schedules attached	i ► iotal number	of pages including this cover page:
☐ Schedule A-1 - Investments - schedule atta	ached [	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule atta	ached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule atta	ached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable interests on	any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
505 Forest Ave	Mission Vi	iejo CA 92651
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
( 949 ) 497-0738		vbolanis@lagunabeachcity.net
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	s statement. I have revie omplete. I acknowledge	wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws	450	
Date Signed 2/10/20	9	ignature Victor College
(month, day, year)		(File the originally signed paper statement with your files of finite)

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INT RESTS

## **COVER PAGE**

A PUBLIC DOCUMENT

Date	Initial	Filing	Received
	Filing O	fficial Use	Only

Please type or print in ink.	A PUBLIC L	OCUMENT	C/6 (100 00 00 00 00 00 00 00 00 00 00 00 00					
NAME OF FILER (LAST)	(FIRST)		CILY CI (MIDDLE) <020					
Brown	Wade		Laguna Offi					
1. Office, Agency, or Court			City of Laguna Soles					
Agency Name (Do not use acronyms)								
City of Laguna Beach								
Division, Board, Department, District, if applicable	,	Your Position						
Public Works		Undergrounding Progran	n Manager					
			i Wanagei					
▶ If filing for multiple positions, list below or on an attac	hment. (Do not use acrony	ms)						
Agency:		Position:						
2. Jurisdiction of Office (Check at least one box	r)							
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 box)								
Annual: The period covered is January 1, 2019, the December 31, 2019.	rough	Leaving Office: Date Left (Check of	ne circle.)					
The period covered is/	, through	<ul> <li>The period covered is January</li> <li>leaving office.</li> </ul>	uary 1, 2019, through the date of					
Assuming Office: Date assumed/			/, through					
Candidate: Date of Election	and office sought, if differe	ent than Part 1:						
4 Ochodolo Occarron (most complete)			1					
	► Total number of pag	ges including this cover p	page:					
Schedules attached								
Schedule A-1 - Investments - schedule attached	☐ Sched	ule C - Income, Loans, & Busin	ess Positions - schedule attached					
Schedule A-2 - Investments - schedule attached	☐ Sched	ule D - Income - Gifts - schedu	ule attached					
Schedule B - Real Property - schedule attached	☐ Sched	ule E - Income - Gifts - Travel	Payments - schedule attached					
-or- ⊠ None - No reportable interests on any	schedule							
5. Verification								
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE					
505 Forest Avenue	Laguna Beach	CA	92651					
DAYTIME TELEPHONE NUMBER	EMAIL AI		02001					
( 949 )497-0360	wbrov	vn@lagunabeachcity.net						
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete			knowledge the information contained					
I certify under penalty of perjury under the laws of the			ect.					
Pata Signad 2/19/2020		Tolado Bi	Trans.					
Date Signed (month, day, year)	_ Signature		statement with your filing official.)					



## STATEMENT OF ECONOMIC IN LRESTS **COVER PAGE**

RECEIVED Date Initial Filing Received
JUN 1 5 2020

City Clerk's Office City of Laguna Beach, Co

F	Please type or print in ink.	City of Laguna Beach, CA
NA	ME OF FILER (LAST)	(FIRST) (MIDDLE)
В	urnham Robert	Burnham
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	City of Laguna Beach	
	Division, Board, Department, District, if applicable	Your Position
	City Manager	Consultant
	▶ 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 Laguna Beach	Other
3,	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2019, through December 31, 2019.	Leaving Office: Date Left//(Check one circle.)
	The period covered is/, through December 31, 2019.	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> </ul>
	Assuming Office: Date assumed/	<ul> <li>The period covered is/, through the date of leaving office.</li> </ul>
	Candidate: Date of Electionand office sought,	if different than Part 1:
	0-1-1-1-0	
	Schedule Summary (must complete) ► Total number Schedules attached	er of pages including this cover page:
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - 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	
	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	1211 Starlit Drive, Laguna Beach, CA 92651	
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
	( 949 )4944357	rhburnham2@hotmail.com
	I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge	lewed this statement and to the best of my knowledge the information contained e this is a public document.
	I certify under penalty of perjury under the laws of the State of Califo	ornia that the foregoing is true and correct.
	Date Signed 6/15/2020	Simology Wes
	(month, day, year)	Signature (File the originally signed 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.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

Do not attach brokerage	or financial statements.
► NAME OF BUSINESS ENTITY see attached	► 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
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	/
► 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  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Qver \$1,000,000  NATURE OF INVESTMENT  Stock  Qher  (Describe)  Partnership  Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	Filer's Verification
GENERAL DESCRIPTION OF THIS BUSINESS	Print Name Robert H. Burnham
	Office, Agency City of Laguna Beach
FAIR MARKET VALUE  \$2,000 - \$10,000 \$10,001 - \$100,000  \$100,001 - \$1,000,000 Over \$1,000,000	or Court Statement Type
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499	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.
O Income Received of \$500 or More (Report on Schedule C)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
IF APPLICABLE, LIST DATE:	6/15/202 4
/	Date Signed (month, day, year)  Filer's Signature
Comments:	, nor o digitatale /ba
VOIMITEIRS:	



Account Number 19/225310

## YEAR-END SUMMARY **TAX YEAR 2019**

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

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## **REALIZED GAIN OR (LOSS)**

The information in the following sections include all your realized gain or (loss) transactions during the tax year. They may be helpful for, but not limited to, Schedule D. Please consult with your tax advisor or financial advisor regarding specific questions.

## Short-Term Realized Gain or (Loss)

Security Subtotal	CITIGROUP INC	CITIGROUP INC	Security Subtotal	APPLE INC	Security Subtotal	AMGEN INC.	Security Subtotal	ADVANCED MICRO DEVIC	Security Subtotal	ACTIVISION BLIZZARD	ACTIVISION BLIZZARD	ACTIVISION BLIZZARD	ACTIVISION BLIZZARD	Description OR Option Symbol
	172967424	172967424		037833100		031162100		007903107		00507V109	00507V109	00507V109	00507V109	CUSIP Number
49	100.00 01/15/19 03/07/19 \$	100.00 01/15/19 02/11/19\$	€₽	50.00 03/25/19 06/11/19 \$	₩	50.00 12/26/18 03/07/19 \$	€9	200.00 07/30/19 08/01/19 \$	€\$	100.00 10/25/19 12/06/19 \$	100.00 10/25/19 11/18/19 \$	200.00 10/25/19 11/12/19 \$	200.00 10/25/19 11/12/19 \$	Date Date Quantity/Par Acquired Sold
12,352.22\$	6,150.78\$	6,201.44\$	9,709.21\$	9,709.21\$	9,106,86\$	9,106.86\$	5,827.59\$	5,827.59\$	31,604.98\$	5,504.39\$	5,275.31 \$	10,432.64\$	10,392.64\$	Total Proceeds
12,292.15	6,146.07	6,146.08	9,397.48	9,397.48	9,310.28	9,310.28	6,779.95	6,779.95	34,588.86 \$	5,899.92	5,899.92	11,093.66 \$	11,695.36 \$	(-)Cost Basis
I <del>У</del>	l &	 <del> </del>	 #	 &#</td><td>₩</td><td>ì <del>69</del></td><td><b>.</b> ⇔</td><td>  <del>69</del></td><td>1,963.74 \$</td><td>l Ge</td><td>  €<del>5</del></td><td>661.02 \$</td><td>1,302.72 \$</td><td>(+)Wash Sale Loss Disallowed</td></tr><tr><td>60.07</td><td>4.71</td><td>55.36</td><td>311.73</td><td>311.73</td><td>(203.42)</td><td>(203,42)</td><td>(952.36)</td><td>(952.36)</td><td>(1,020.14)</td><td>(395,53)</td><td>(624.61)</td><td>0.00</td><td>0.00</td><td>(=)Realized Gain or (Loss)</td></tr></tbody></table>										



Account Number 4972-5310

YEAR-END SUMMARY **TAX YEAR 2019** 

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The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

# Short-Term Realized Gain or (Loss) (continued)

ENERGY TRANS 7.375% PFDPFD SER C DUE 12/31/99	Security Subtotal	ENERGY SELECT SECTOR SPDR	ENERGY SELECT SECTOR SPDR	Security Subtotal	ENBRIDGE INC F	Security Subtotal	CVS HEALTH CORP	CVS HEALTH CORP	Security Subtotal	COMPAGNIE FINANCIERE R FSPONSORED ADR	Description OR Option Symbol				
29278N301	29278N301	29278N301	29278N301	29278N301		81369Y506	81369Y506		29250N105		126650100	126650100		204319107	CUSIP Number
300.00 01/24/19 06/27/19 \$	237.00 04/11/19 05/01/19\$	100.00 04/11/19 05/01/19 \$	100.00 04/11/19 05/01/19\$	63.00 04/11/19 05/01/19 \$		100.00 12/28/18 06/12/19 \$	100.00 12/28/18 04/23/19\$		200.00 02/08/19 06/11/19 \$		100.00 12/28/18 02/20/19 \$	100.00 12/28/18 02/01/19 \$		500.00 05/14/19 08/12/19 \$	Date Date Quantity/Par Acquired Sold
9\$ 7,120.20\$	9\$ 5,777.96\$	9\$ 2,437.96\$	9\$ 2,437.96\$	9\$ 1,535.92\$	\$ 12,926.01\$	9\$ 6,100.73\$	9\$ 6,825.28\$	\$ 6,995.59 \$	9\$ 6,995.59\$	\$ 12,892.64\$	9\$ 6,398.84\$	9\$ 6,493.80\$	\$ 3,899.97\$	9 \$ 3,899.97 \$	te Total Proceeds
7,123.35	5,935.52 \$	2,630.61 \$	2,564.13 \$	1,615.40 \$	11,394.23	5,697.11	5,697.12	7,244.23	7,244.23	13,026.75	6,513.37	6,513,38	3,447.45	3,447.45	(-)Cost Basis
 <del>69</del>	157.56 \$	121.37 \$	126.17 \$	79.48 \$	I <b>↔</b>	\ <del>\$5</del>	<b>1</b>	1 \$	 <del>&amp;</del>	1	 &	l <del>co</del>	1 45	 ₩	(+)Wash Sale Loss Disallowed
(3.15)	0.00	(71.28)	0.00	0.00	1,531.78	403.62	1,128.16	(248.64)	(248.64)	(134.11)	(114.53)	(19.58)	452.52	452,52	(=)Realized Gain or (Loss)



Account Number

YEAR-END SUMMARY **TAX YEAR 2019** 

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# Short-Term Realized Gain or (Loss) (continued)

Security Subtotal	ENTRAVISION COMMUN	ENTRAVISION COMMUN A	ENTRAVISION COMMUN A	ENTRAVISION COMMUN	ENTRAVISION COMMUN A	ENTRAVISION COMMUN A	ENTRAVISION COMMUN A	ENTRAVISION COMMUN A	Security Subtotal	ENERGY TRANS 7.375% PFDPFD SER C DUE 12/31/99	ENERGY TRANS 7.375% PFDPFD SER C DUE 12/31/99	ENERGY TRANS 7.375% PFDPFD SER C DUE 12/31/99	Description OR Option Symbol
	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS		FDPFD	FDPFD	FDPFD	
	29382R107	29382R107	29382R107	29382R107	29382R107	29382R107	29382R107	29382R107		29278N301	29278N301	29278N301	CUSIP Number
	1,000.00	100.00	600.00	200.00	100.00	800.00	100.00	100.00		1,000.00	137.00	63.00	Date Quantity/Par Acquired
	1,000.00 12/28/18 03/07/19\$	11/25/18 03/07/19\$	11/09/18 03/07/19\$	200.00 11/09/18 03/07/19\$	11/05/18 03/07/19\$	11/30/18 01/23/19\$	100.00 11/18/18 01/23/19\$	11/05/18		1,000.00 10/09/19 11/13/19\$	04/11/19 06/27/19 \$	63.00 04/11/19 06/27/19 \$	Date Acquired
40	3/07/19\$	3/07/19\$	)3/07/19\$	3/07/19	03/07/19\$	01/23/19\$	01/23/19\$	11/05/18 01/23/19 \$	<del>(</del> 5	11/13/19\$	06/27/19\$	06/27/19\$	Date Sold
11,210.66\$	3,787.47\$	378.75\$	2,272.49\$	759.50\$	379.75\$	2,906.16\$	363.27\$	363.27\$	48,202.30\$	24,145.50\$	3,251.56\$	1,495.24\$	Total Proceeds
13,798.14 \$	2,938.57	406.70	2,454.10	818.03	848.74	4,972.00	441.85	918.15 \$	49,560.63 \$	24,442.00	3,592.35	1,657.27	(-)Cost Basis
554.88 \$	I <del>С</del>	 +	! <del>69</del>	l <del>69</del>	1	 &	l 69	554.88 \$	484.58 \$	 <del>69</del>	 <del>60</del>	 &9	(+)Wash Sale Loss Disallowed
(2,032.60)	848.90	(27.95)	(181.61)	(58.53)	(468.99)	(2,065,84)	(78.58)	0.00	(873.75)	(296,50)	(340.79)	(162.03)	(=)Realized Gain or (Loss)



Account Number

## YEAR-END SUMMARY **TAX YEAR 2019**

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# Short-Term Realized Gain or (Loss) (continued)

ISHARES 20 PLS YEAR BND ETF	Security Subtotal	H & E EQUIPMENT SERV	Security Subtotal	FREEPORT-MCMORAN INC	Description OR Option Symbol											
TREASURY 464287432		404030108	404030108	404030108	404030108		IC 35671D857	CUSIP Number								
50,00	50.00	50.00	70.00	100,00	100.00	50.00	50.00	100.00		50.00	50,00	200,00	250.00		500.00	Date Quantity/Par Acquired
01/28/19 10/15/19\$	01/03/19 09/13/19 \$	01/03/19 09/10/19 \$	05/31/19 06/12/19\$	03/25/19 04/12/19 \$	03/25/19 04/03/19 \$	01/03/19 02/21/19 \$	01/03/19 02/21/19 \$	01/03/19 02/01/19\$	₩	03/21/19 08/01/19 \$	12/26/18 08/01/19 \$	03/21/19 06/11/19\$	12/26/18 01/23/19 \$	₩	07/01/19 08/01/19 \$	Date Date \cquired Sold
6,996.25\$	6,861.55\$	7,100.70\$	9,128.75\$	12,267.25\$	12,355.20\$	6,042.55\$	6,042.54\$	12,093.25\$	14,474.66\$	1,451.58\$	1,451.57\$	5,338.54\$	6,232.97\$	5,344.99\$	5,344.99\$	Total Proceeds
6,037.55	6,168.40	6,172.48	9,164.40	12,557.99	12,557.99	6,177.47 \$	6,168.40	12,354.93 \$	12,451.41	1,309.59	983.91	5,238.36	4,919.55	5,714.95	5,714.95	(-)Cost Basis
! <del>69</del>	 &	 &9	l <del>⇔</del>	 &	 ₩	134.92 \$	 <del>69</del>	261.68 \$	- <del>\$</del>	 \$	 \$	i <del>co</del>	] - <del>69</del>	I 49	۱ ج	(+)Wash Sale Loss Disallowed
958.70	693.15	928.22	(35.65)	(290.74)	(202.79)	0.00	(125.86)	0.00	2,023.25	141.99	467.66	100.18	1,313.42	(369.96)	(369.96)	(≃)Realized Gain or (Loss)



Account Number 4972-5340

YEAR-END SUMMARY **TAX YEAR 2019** 

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# Short-Term Realized Gain or (Loss) (continued)

PIONEER MUNICIPAL HIGH I PIONEER MUNICIPAL HIGH I	Security Subtotal	PGIM FLOATING RATE INCM Z	Security Subtotal	PFIZER INC	PFIZER INC	Security Subtotal	OCCIDENTAL PETROL CO	Security Subtotal	NUVEEN MUNI HIGH INC OPP	Security Subtotal	JPMORGAN CHAS 5.45% PFD**CALLED**	Security Subtotal	ISHARES 20 PLS YEAR BND ETF	ISHARES 20 PLS YEAR BND ETF	Description OR Option Symbol
\$H 1 723763108 \$H 1 723763108		CM Z 74439V800		717081103	717081103		O 674599105		OPP 670682103		46637G124		TREASURY 464287432	TREASURY 464287432	CUSIP Number
353.00 03/07/19 09/13/19 \$ 426.00 03/07/19 09/13/19 \$	· c+>	5,181.34 01/09/19 08/12/19 \$	<b>-67</b>	100.00 01/10/19 04/17/19 \$	100.00 01/10/19 02/11/19\$	G	200.00 04/12/19 04/23/19 \$	48	1,000.00 09/16/18 09/13/19 \$	49	500.00 01/24/19 02/01/19 \$	45	100.00 11/20/19 12/16/19\$	50.00 11/15/18 11/05/19 \$	Date Date Quantity/Par Acquired Sold
4,257.52\$ 5,137.98\$	49,792.74\$	49,792,74\$	8,160.02\$	3,999.58\$	4,160.44\$	12,362.19\$	12,362.19\$	13,717.87\$	13,717.87\$	12,474.89\$	12,474.89\$	99,492.16\$	13,763.07\$	6,841.05\$	Total Proceeds
4,166.28 5,015.03	50,000.00	50,000.00	8,495.55	4,247.77	4,247.78	13,053.95	13,053.95	12,774.71	12,774.71	12,439.95	12,439.95	97,130.82 \$	14,053.63	5,717.58	(-)Cost Basis
 & &	<b>н</b>	l <del>co</del>	l &9	1 €9	 <del>65</del>	 -	1 <del>63</del>	I 49	[ <del>69</del>	I 49	l <del>co</del>	396.60 \$	 <del>69</del>	l ₩	(+)Wash Sale Loss Disallowed
91.24 122.95	(207.26)	(207.26)	(335.53)	(248.19)	(87.34)	(691.76)	(691.76)	943.16	943.16	34.94	34.94	2,757.94	(290.56)	1,123.47	(≃)Realized Gain or (Loss)



Account Number 4972=5310

YEAR-END SUMMARY **TAX YEAR 2019** 

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# Short-Term Realized Gain or (Loss) (continued)

PROSHARES ULTRAPRO SHXXXREVERSE SPLIT	Security Subtotal	PROSHARES SHORT S&P500	PROSHARES SHORT S&P500	PROSHARES SHORT S&P500	PROSHARES SHORT S&P500	PROSHARES SHORT S&P500	Security Subtotal	PIONEER MUNICIPAL HIGH I	Description OR Option Symbol										
74348A160	74348A160	74348A160	74348A160	74348A160		74347B425	74347B425	74347B425	743478425	74347B425	74347B425	74347B425	74347B425	74347B425	74347B425	74347B425		723763108	CUSIP Number
250.00	250.00	500.00	400.00	100.00		350.00	400,00	400.00	200.00	100.00	600.00	500.00	500.00	500.00	1,000.00	1,000.00		1,221.00	Date Quantity/Par Acquired
01/22/19 02/01/19 \$	01/22/19 01/30/19 \$	01/03/19 01/04/19 \$	01/03/19 01/04/19 \$	01/03/19 01/04/19 \$	to.	12/03/19 12/03/19 \$	08/29/19 12/03/19\$	08/01/19 11/05/19\$	08/02/19 10/15/19\$	08/01/19 10/15/19\$	08/02/19 08/02/19 \$	05/09/19 05/09/19 \$	03/08/19 03/18/19 \$	03/08/19 03/12/19\$	01/03/19 01/04/19 \$	01/03/19 01/04/19 \$	·s	1,221.00 03/07/19 09/13/19 \$	Date Date
3,121.24\$	3,410.04\$	8,416.29\$	6,793.35\$	1,698.29\$	157,353,64\$	8,813.84\$	10,072.95\$	10,100.55\$	5,180.69\$	2,590.35\$	16,028.52\$	13,696.87\$	13,881.42\$	14,052.37 \$	31,538.14\$	31,397.94\$	24,121.95\$	14,726.45\$	Total Proceeds
3,768.74	3,768.80	8,820.82	7,056.66 \$	1,764.17	161,001.33 \$	8,843.35	10,644.88	10,638.75	5,358.24	2,659.69	16,074.71	13,812,45	14,414.97	14,414.98	32,001.75	32,137.56	23,555.50	14,374.19	(-)Cost Basis
 <del>69</del>	! <del>\$</del>	l €9	\$ 263.31 \$	\$ 65.88 \$	\$ 1,040.30 \$	I es	 ++>	\$ 538,20 \$	! <del>69</del>	l <del>co</del>	\$ 38.49 \$	] &#</td><td>l <del>sə</del></td><td>I <del>co</del></td><td>\$ 463.61 \$</td><td>  ₩</td><td>1 45</td><td></td><td>(+)Wash Sale Loss Disallowed</td></tr><tr><td>(647.50)</td><td>(358.76)</td><td>(404.53)</td><td>0.00</td><td>0.00</td><td>(2,607.39)</td><td>(29.51)</td><td>(571.93)</td><td>0.00</td><td>(177.55)</td><td>(69.34)</td><td>(7.70)</td><td>(115.58)</td><td>(533.55)</td><td>(362.61)</td><td>0.00</td><td>(739.62)</td><td>566.45</td><td>352,26</td><td>(=)Realized Gain or (Loss)</td></tr></tbody></table>							



Account Number 1972=5370

YEAR-END SUMMARY **TAX YEAR 2019** 

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Short-Term Realized Gain or (Loss) (continued)

SALESFORCE COM	Security Subtotal	PROSHRES ULTRASHT 20 PLSYR TRSY ETF	PROSHRES ULTRASHT 20 PLSYR TRSY ETF	PROSHRES ULTRASHT 20 PLSYR TRSY ETF	PROSHRES ULTRASHT 20 PLSYR TRSY ETF	PROSHRES ULTRASHT 20 PLSYR TRSY ETF	Security Subtotal	PROSHARES ULTRAPRO SHXXXREVERSE SPLIT	Description OR Option Symbol					
79466L302		74347B201	74347B201	74347B201	74347B201	74347B201	74347B201	74347B201	74347B201	74347B201	743478201		74348A160	CUSIP Number
25.00		200.00	100.00	300.00	200.00	500.00	500,00	100.00	150.00	250.00	400.00		1,000.00	Date Quantity/Par Acquired
12/28/18 03/04/19 \$		11/12/19 12/03/19\$	09/11/19 10/04/19\$	07/21/19 10/04/19\$	07/21/19 09/18/19 \$	06/21/19 08/12/19\$	06/21/19 06/27/19 \$	04/03/19 05/01/19 \$	03/20/19 05/01/19 \$	03/20/19 04/24/19\$	02/21/19 03/07/19\$		05/09/19 05/09/19 \$	Date Acquired
3/04/19\$	49	2/03/19 \$	3/04/19\$	3/04/19\$	9/18/19 \$	8/12/19\$	6/27/19 \$	5/01/19\$	5/01/19\$	4/24/19\$	3/07/19\$	₩.	5/09/19 \$	Date Sold
3,941.80\$	77,132.49\$	4,919.92\$	2,344.72\$	7,034.18\$	5,086.96\$	12,439.84\$	14,449.80\$	3,325.96\$	4,988.95\$	8,445.81\$	14,096.35\$	32,800.07\$	9,360.86\$	Total Proceeds
3,389.88	83,591.08	5,427.34	2,539.32	9,010.60	6,007.06	14,760.87	14,760.88	3,365.22	5,078.31	8,463.85	14,177.63	34,830.94	9,651.75	(-)Cost Basis
l &s	\$ 2,909.73 \$	\$ 507.42 \$	i &	l 69	l ⇔	\$ 2,321.03 \$	 <del>- 69</del>	l \$	 <del>\$</del>	 <del>69</del>	\$ 81.28 \$	\$ 329.19 \$	ا <del>ن</del>	(+)Wash Sale Loss Disallowed
551.92	(3,548.86)	0.00	(194.60)	(1,976.42)	(920.10)	0.00	(311.08)	(39.26)	(89.36)	(18.04)	0.00	(1,701.68)	(290.89)	(=)Realized Gain or (Loss)



Account Number (1972=5310)

YEAR-END SUMMARY **TAX YEAR 2019** 

Date Prepared: February 21, 2020

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# Short-Term Realized Gain or (Loss) (continued)

Security Subtotal  SCHWAB US BROAD MARKET ETF SCHWAB US BROAD MARKET ETF SCHWAB US BROAD MARKET ETF	SCHWAB SHORT TERM US TREASURY ETF	SCHWAB SHORT TERM US TREASURY ETF	SCHWAB SHORT TERM US TREASURY ETF	SCHWAB SHORT TERM US TREASURY ETF	Security Subtotal	SCHWAB INTERMEDIATE TERMUS	Security Subtotal	SCHWAB EMERGING MARKETS EQUITY ETF	SCHWAB EMERGING MARKETS EQUITY ETF	Security Subtotal	SALESFORCE COM	Description OR Option Symbol
808524102 808524102 808524102	808524862	808524862	808524862	808524862		808524854		808524706	808524706		79466L302	CUSIP Number
300.00 0 100.00 1: 200.00 0	500.00 1	500.00 1	500.00 0	500.00 1		500.00 1		300.00 1	200.00 1		25.00 1	Date Quantity/Par Acquired
\$ 02/15/18 01/03/19 \$ 12/03/18 01/03/19 \$ 05/10/19 06/27/19 \$	500.00 10/04/19 12/20/19 \$	10/04/19 12/11/19\$	02/27/19 03/07/19 \$	12/28/18 03/07/19 \$	₩.	12/28/18 04/12/19\$	<del>43</del>	12/19/18 06/13/19 \$	12/16/18 06/11/19\$	₩.	25.00 12/28/18 03/08/19 \$	Date Date cquired Sold
100,342.26 \$ 17,618.80 \$ 5,872.93 \$ 14,012.39 \$	25,201.13\$	25,226.98\$	24,957.08\$	24,957.07\$	26,659.50\$	26,659.50\$	12,793.76\$	7,646.87\$	5,146.89\$	7,750.55\$	3,808.75\$	Total Proceeds
100,596.15 18,532,43 6,110.13 \$ 13,641.00	25,348.30	25,348.30	24,983.40	24,916.15	26,371.15	26,371.15	11,989.23	7,163.19	4,826.04	6,779.76	3,389.88	(-)Cost Basis
237.20 \$ - \$	! &9	 &#</td><td>l <del>G</del></td><td>  <del>- •</del></td><td>I &</td><td>} <del>⇔</del></td><td>1 **</td><td>  &</td><td>  +93</td><td>l &</td><td>۱ ج</td><td>(+)Wash Sale Loss Disallowed</td></tr><tr><td>(253.89) (913.63) 0.00 371.39</td><td>(147.17)</td><td>(121.32)</td><td>(26.32)</td><td>40.92</td><td>288.35</td><td>288.35</td><td>804.53</td><td>483.68</td><td>320.85</td><td>970.79</td><td>418.87</td><td>(=)Realized Gain or (Loss)</td></tr></tbody></table>										



Account Number 1972<u>5</u>53†0

YEAR-END SUMMARY **TAX YEAR 2019** 

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# Short-Term Realized Gain or (Loss) (continued)

STRATASYS LTD F STRATASYS LTD F STRATASYS LTD F STRATASYS LTD F	SCHWAB US TIPS ETF SCHWAB US TIPS ETF SCHWAB US TIPS ETF Security Subtotal	SCHWAB US DIVIDEND ETF SCHWAB US DIVIDEND ETF Security Subtotal	SCHWAB US DIVIDEND ETF SCHWAB US DIVIDEND ETF	Description OR Option Symbol SCHWAB US BROAD MARKET ETF Security Subtotal
		EQUITY	EQUITY	KET EIF
M85548101 M85548101 M85548101 M85548101	808524870 808524870 808524870	808524797 808524797	808524797 808524797	CUSIP Number 808524102
500.00 03 100.00 01 100.00 01 100.00 01	79.00 05 171.00 05 250.00 06	200.00 05/10/19 07/01/19 \$ 100.00 05/10/19 08/12/19 \$	100.00 12	3 1 1
03/07/19 03/25/19 \$ 01/15/19 07/10/19 \$ 01/15/19 08/01/19 \$ 01/15/19 08/01/19 \$	05/10/19 06/11/19 \$ 05/10/19 06/11/19 \$ 06/19/19 06/21/19 \$	05/10/19 07/01/19 \$ 05/10/19 08/12/19 \$	12/05/18 02/11/19 \$	Date Date Acquired Sold 05/10/19 08/12/19 \$
25/19 \$ 10/19 \$ 01/19 \$	11/19\$ 11/19\$ 21/19\$	01/19 \$ 112/19 \$	11/19\$	Date Sold 12/19 \$
11,520.90 \$ 2,847.39 \$ 2,526.87 \$ 2,527.47 \$	4,406.13 \$ 9,537.33 \$ 14,057.24 \$ 28,000.70 \$	10,747.98 \$ 5,166.90 \$ 31,311.72 \$	5,021.42\$ 5,353.99\$	Total Proceeds 6,903.87 \$ 44,407.99 \$
11,669.95 2,076.49 2,076.29 2,076.29	4,351.32 9,418.15 13,942.48 27,711.95	10,401.14 5,200.57 30,916.57	5,014.28 5,014.28	(-)Cost Basis 6,820.50 45,104.06 \$
. 1 1 1 1 1 1	1     I	1   1 49 49 49	i   i	(+)Wash Sale Loss Disallowed - \$ 237.20 \$
(149.05) 770.90 450.58 451.18	54.81 119.18 114.76 288.75	346.84 (33.67) 395.15	(204.87) 7.14 339.71	(=)Realized Gain or (Loss) 83.37 (458.87)



Account Number প্<u>র্যুস্থ 53</u>পু0

## YEAR-END SUMMARY **TAX YEAR 2019**

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# Short-Term Realized Gain or (Loss) (continued)

Security Subtotal	WEYERHAEUSER CO	WEYERHAEUSER CO	Security Subtotal	WALT DISNEY CO	Security Subtotal	VIACOMCBS INC	VIACOMCBS INC	Security Subtotal	VIACOM INC MERGER	VIACOM INC MERGER	Security Subtotal	UNITEDHEALTH GRP INC	UNITEDHEALTH GRP INC	Security Subtotal	STRATASYSLTD	Description OR Option Symbol
=	CO REIT	CO REIT			<b>*</b>	CLASS	CLASS	<u>m</u> .	XXXMANDATORY 92553P201	XXXMANDATORY 92553P201	<u>u.</u>	RP INC	RP INC	<u>a.</u>	71	giver tetteraginken setteraginken gebruik des
	962166104	962166104		254687106		92556H206	92556H206		92553P201	92553P201		91324P102	91324P102		M85548101	CUSIP Number
	100,00	200,00		50.00		178.00	0.87	:	200.00	100.00		25.00	25.00		200.00	Date Quantity/Par Acquired
	12/28/18 06/11/19 \$	12/28/18 04/17/19 \$		12/26/18 02/11/19 \$		11/19/19 12/12/19\$	11/19/19 12/06/19 \$		07/30/19 09/19/19 \$	100.00 07/30/19 08/12/19\$		12/28/18 02/27/19 \$	12/28/18 02/11/19 \$		01/15/19 08/01/19 \$	Date cquired
49	/11/19\$	177/19\$	₩	/11/19\$	લ્ક	/12/19\$	/06/19 \$	€9-	/19/19\$	/12/19\$	ধ্য	127/19\$	111/19\$	<b>€</b> 9	/01/19\$	Date Sold
7,651.68\$	2,432.50\$	5,219.18\$	5,471.34\$	5,471.34\$	6,736.13\$	6,701.56\$	34.57\$	7,873.48\$	5,027.79\$	2,845.69\$	12,726.72\$	6,261.27\$	6,465.45\$	24,462.98\$	5,040,35\$	Total Proceeds
6,529.68	2,176.56	4,353.12	5,178.76	5,178.76	7,084.71	7,050.05	34.66	9,297.81	6,198.54	3,099.27	12,357.20	6,178.60	6,178.60	22,052.00	4,152.98	(-)Cost Basis
49	! &	 <del>69</del>	l <del>6</del>	 69	l &	l 49	l eə	<b>н</b>	l &	 + <del>5</del> 9	<del>د</del>	  -	! &>	ا ج	<del></del>	(+)Wash Sale Loss Disallowed
1,122.00	255.94	866.06	292.58	292,58	(348.58)	(348.49)	(0.09)	(1,424.33)	(1,170.75)	(253.58)	369.52	82.67	286.85	2,410.98	887.37	(=)Realized Gain or (Loss)



Account Number (197253310)

YEAR-END SUMMARY **TAX YEAR 2019** 

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# Short-Term Realized Gain or (Loss) (continued)

This section is for covered securities and corresponds to transactions reported on your 1099B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked.

Total Short-Term (Cost basis is reported to the IRS) \$ 1,016,303.61 \$ 1,025,227.37 \$	Security Subtotal \$ 28,159.10 \$ 27,378.00	XTRACKERS HARVEST CSI 300 233051879 250.00 05/10/19 07/10/19 \$ 6,979.89 \$ 6,666.70 CHINA A-SH	XTRACKERS HARVEST CSI 300 233051879 250.00 06/21/19 07/03/19 \$ 7,147.40 \$ 7,022.30 CHINA A-SH	XTRACKERS HARVEST CSI 300 233051879 250.00 06/21/19 07/01/19 \$ 7,285.70 \$ 7,022.30 CHINA A-SH		XTRACKERS HARVEST CSI 300 233051879 250 00 05/10/19 06/11/19 \$ 6.746 14 \$ 6.666 70	233051879 250 00 05/10/19 06/11/19 \$ 6 746 11 \$ 6 666 70
					6,666.70		
\$ 7,916.22 \$	l €9	l <del>G</del>	l ⊕	 &	l <del>co</del>		Total Diomicirca
(1,007.54)	781.10	313.19	125.10	263.40	79.41		Com of (Foss)

## Short-Term Realized Gain or (Loss)

Description OR	CUSIP	Date Date			(+)Wash Sale	(=)Realized
Option Symbol	Number	Quantity/Par Acquired Sold	Total Proceeds	(-)Cost Basis	Loss Disallowed	Gain or (Loss)
BLACKSTONE GROUP INC	09260D107	100.00 01/30/19 10/04/19\$	4,671.55\$	3,232.75	- -	1,438.80
Security Subtotal		€9	4,671.55\$	3,232.75	1 **	1,438.80
BLACKSTONE GROUP L P XXXNAME 09253U108 CHANGE	ME 09253U108	50.00 06/28/18 06/11/19 \$	2,143.42\$	1,688.29	 <del>69</del>	455.13



Account Number 1972-5310

YEAR-END SUMMARY **TAX YEAR 2019** 

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# Short-Term Realized Gain or (Loss) (continued)

(2,487.58)	1,119,401.69 \$ 14,520.53 \$ (2,487.58)	1,119,401.69 \$	1,102,393.58\$	49				Total Short-Term
(1,480.04)	6,604.31 \$	94,174.32 \$	86,089.97\$	49	t reported to the IRS	is available but not	ost basis i	Total Short-Term (Cost basis is available but not reported to the IRS)
(4,915.85)	6,604.31 \$	84,364.91 \$	72,844.75\$	<del>(</del> A				Security Subtotal
(765.58)	l ⇔	6,585.46	5,819.88\$	10/14/19 11/12/19\$	500.00	29273V100	₽	ENERGY TRANSFER
(972.65)	 <del>69</del>	6,834.33	5,861.68\$	08/05/19 11/12/19\$	500,00	29273V100	5	ENERGY TRANSFER
(787.23)	 +	6,648.91	5,861.68\$	08/05/19 11/12/19§	500.00	29273V100	F	ENERGY TRANSFER
(595.02)	 &9	6,414.90	5,819.88\$	12/21/18 11/12/19\$	500.00	29273V100	듄	ENERGY TRANSFER
0.00	588.50 \$	6,675.87 \$	6,087.37\$	08/05/19 11/07/19 \$	500.00	29273V100	5	ENERGY TRANSFER
0.00	706.83 \$	6,773.50 \$	6,066.67\$	08/05/19 11/07/19\$	500.00	29273V100	듄	ENERGY TRANSFER
0.00	1,734.40 \$	7,821.78 \$	6,087.38\$	01/16/19 11/07/19\$	500.00	29273V100	5	ENERGY TRANSFER
(897.61)	 +9	3,930.95	3,033.34 \$	01/16/19 11/07/19\$	250.00	29273V100	F	ENERGY TRANSFER
(897.76)	! <b>⇔</b>	3,930.95	3,033.19\$	01/16/19 11/07/19\$	250.00	29273V100	<u>-</u>	ENERGY TRANSFER
0.00	463.91 \$	6,675.88 \$	6,211.97\$	08/05/19 11/06/19 \$	500.00	29273V100	Fo	ENERGY TRANSFER
0.00	1,636.78 \$	7,848.75 \$	6,211.97\$	01/16/19 11/06/19 \$	500.00	29273V100	5	ENERGY TRANSFER
0.00	400.46 \$	6,775.33 \$	6,374,87\$	09/23/19 10/07/19 \$	500.00	29273V100	F	ENERGY TRANSFER
0.00	1,073.43 \$	7,448.30 \$	6,374.87\$	01/16/19 10/07/19\$	500.00	29273V100	5	ENERGY TRANSFER
1,997.01	i to	6,576.66	8,573.67\$	₩			i	Security Subtotal
1,541.88	<del>ده</del>	4,888.37	6,430.25\$	150.00 01/30/19 06/11/19\$	150.00	AME 09253U108	L P XXXN/	BLACKSTONE GROUP LP XXXNAME 09253U108 CHANGE
(=)Realized Gain or (Loss)	(+)Wash Sale Loss Disallowed	(-)Cost Basis	Total Proceeds	Date Date Acquired Sold	Date Quantity/Par Acquired	CUSIP Number		Description OR Option Symbol

## SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1211 Starlit Drive	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
Laguna Beach, CA 92651	GIII
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     19   19   19   19   19   19   19	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Cther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499	<b>\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000</b>
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None
business on terms available to members of the public \	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and
business on terms available to members of the public values received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public \	without regard to your official status. Personal loans and ness must be disclosed as follows:  Filer's Verification
business on terms available to members of the public values received not in a lender's regular course of busin	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public values received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:  Filer's Verification  Print Name Robert H. Burnham
business on terms available to members of the public values received not in a lender's regular course of busing NAME of LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows:    Filer's Verification
business on terms available to members of the public to loans received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows:  Filer's Verification  Print Name Robert H. Burnham  Office, Agency City of Laguna Beach or Court
business on terms available to members of the public to loans received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows:    Filer's Verification
business on terms available to members of the public to loans received not in a lender's regular course of busing the public to loans received not in a lender's regular course of busing the public to loans received not in a lender's regular course of busing the public to loans received not in a lender's regular course of busing selection to leave the public to loans received not in a lender's regular course of busing selection to leave the public to loans regular course of busing selection to leave the public to leave the public to loans received not in a lender's regular course of busing selection to leave the public	without regard to your official status. Personal loans and ness must be disclosed as follows:    Filer's Verification
business on terms available to members of the public values received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:    Filer's Verification
business on terms available to members of the public to loans received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:    Filer's Verification

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

➤ 1. INCOME RECEIVED .	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Collaborative Courts Foundation	Weintraub Tobin LLP
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 633, Laguna Beach, CA 92652	23 Corporate Plaza Dr., Newport Beach, CA 92660
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit	Attorney
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Spouse is Executive Director	Project Manager
	1 Toject Manager
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \tag{51,001 - \$10,000}	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$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	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(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, cer, 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
(Dascribe)	(Describe)
Olher	Compensation for work performed for client
(Describe)	(Describe)
Comments:	
	PERIOD
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F  * You are not required to report loans from a commercial lending institu	tion, or any indebtedness created as part of a retall installment or credit
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I      You are not required to report loans from a commercial lending institutional transaction, made in the lender's regular course of business on the second transaction.	tion, or any indebtedness created as part of a retail installment or credit erms avallable to members of the public without regard to your official
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F  * You are not required to report loans from a commercial lending institu	tion, or any indebtedness created as part of a retail installment or credit erms avallable to members of the public without regard to your official
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## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink.

## A PUBLIC DOCUMENT

MAR 0 9 2020

NAME OF FILER (LAST)	(FIRST)		City OMEPKE'S Office
Calvert	Jeffrey	С	City of Laguna Beach, CA
1. Office, Agency, or Court			
Agency Name (Do not use acronyms	)		
Laguna Beach Police	,		
Division, Board, Department, District,	f applicable Yo	our Position	
Department		Captain	
	elow or on an attachment. (Do not use acronym		
Agency:	P	osition:	
2. Jurisdiction of Office (Chec	k at least one box)		
☐ State		Judge, Retired Judge, Pro Tem Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
A Oily of		other	
3. Type of Statement (Check at	least one box)		
Annual: The period covered is December 31, 2019.	lanuary 1, 2019, through	Leaving Office: Date Left (Check of	one circle.)
The period covered is December 31, 2019.	, through	<ul> <li>The period covered is Jan leaving office.</li> </ul>	uary 1, 2019, through the date of
Assuming Office: Date assume			/, through
Candidate: Date of Election	and office sought, if differen	it than Part 1:	
4. Schedule Summary (must	complete) ► Total number of page	es including this cover	page:
Schedules attached			-
Color by A.A. Investments	schodule attached Schedu	le C - Income I oans & Busin	ess Positions - schedule attached
☐ Schedule A-1 - Investments -		le D - Income – Gifts – schedu	
Schedule B - Real Property –			Payments – schedule attached
Schedule B - Near Property =	Scriedule attached		
-or- ⊠ None - No reportable i	nterests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - I 505 Forest Ave	Laguna Beach	Ca	92652
DAYTIME TELEPHONE NUMBER	EMAIL ADD		92032
( 949 ) 497-0375	37000000000000000000000000000000000000	t@lagunabeachcity.net	
I have used all reasonable diligence in	preparing this statement. I have reviewed this s is true and complete. I acknowledge this is a p	tatement and to the best of my	howledge the information contained
1.50 	der the laws of the State of California that th		ect.
Date Signed 02/26/2020	Signature _	<  A     /	
(month, day,	_	(File the riginally signed paper	statement with your filing official.)

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTESTS COVER PAGE



Please type or print in ink.

A PUBLIC DOCUMENT

	CIT, C/
City of Laguna Bea	ch C
City Clerk's Of	

NAME OF FILER (LAST)	(FIRST)	(MIDD	LE)
Chel-Walker	Lisette	Francina	
1. Office, Agency, or Court		-	
Agency Name (Do not use acronyms)			
City of Laguna Beach			
Division, Board, Department, District, if applic	cable	Your Position	
		City Clerk	
▶ If filing for multiple positions, list below or	on an attachment. (Do not use a		
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	and and have		
	ast one box)		
State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Cor (Statewide Jurisdiction)</li> </ul>	nmissioner
Multi-County		County of	
★ City of Laguna Beach		Other	
3. Type of Statement (Check at least of	one hov)		
Annual: The period covered is January	CONTROL SEASON Service	Leaving Office: Date Left/	
December 31, 2019.		(Check one circle.)	
The period covered is/. December 31, 2019.	, through	<ul> <li>The period covered is January 1, 2019, through or-</li> </ul>	1 the date of
Assuming Office: Date assumed		The period covered is/	, through
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (must comp	olete) - Total number of	f pages including this cover page:	
Schedules attached	otete) Protar number of	pages including this cover page:	-
Schedule A-1 - Investments - schedule	ule attached	Schedule C - Income, Loans, & Business Positions - sched	dule attached
Schedule A-2 - Investments - schedule	ule attached x	Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Property - schedu	ule attached S	Schedule E - Income – Gifts – Travel Payments – schedule	e attached
-or-  None - No reportable interes	ts on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	cument)	STATE ZIP CODE	
505 Forest Avenue	Laguna Bead	ch CA 92651	
DAYTIME TELEPHONE NUMBER	E	MAIL ADDRESS	
( 949 )497-0309	L	cheL@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.		nation contained	
I certify under penalty of perjury under the	e laws of the State of California	that the foregoing is true and correct.	1
Date Signed 04-01-2020	Sian	nature Stelle Cliffe al	7 (ce)
(month, day, year)	Sign	(File the originally signed paper statement with your filing office	rial )

## **SCHEDULE B** Interests in Real Property (Including Rental Income)



ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
39 Palm Beach Court	
CITY	CITY
Dana Point	
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$100,000     ACQUIRED   DISPOSED   Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
□ \$0 - \$499     □ \$500 - \$1,000     区 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	I I None
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You are not required to report loans from a commerci business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	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:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
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You are not required to report loans from a commerci business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  None	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  None  None
You are not required to report loans from a commerci business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD	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:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD
You are not required to report loans from a commerci business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000
You are not required to report loans from a commerci business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000

## SCHEDULE D Income - Gifts



Chel-Walker

NAME OF SOURCE (Not an Acronym) City of Laguna Beach Festival of the Arts  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  O7 _ 22 _ 19 _ \$255
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  07 , 22 , 19 , 255 3 Pageant tkts \$85- ea
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  07 , 22 , 19 , 255 3 Pageant tkts \$85- ea
O7 , 22 , 19
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)   NAME OF SOURCE (Not an Acronym)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)   NAME OF SOURCE (Not an Acronym)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)   J J \$ DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  NAME OF SOURCE (Not an Acronym)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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J   S   J   S   J   J   S   J   J   S   J   J
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE    NAME OF SOURCE (Not an Acronym)
► NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  ■ NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$ \$ \$ \$ \$
\$ \$ \$
\$ \$
Comments:

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink.

A PUBLIC DOCUMENT

MAR 17 2020

NA	ME OF FILER (LAST) (FIRST)	City (MIPPIR)'s Office
_	Carona Koss	City of Laguna Beach, CA
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	City of Lugury	
	Division, Board, Department, District, if applicable	Your Position
		Code Enforcement Officer
	▶ If filing for multiple positions, list below or on an attachment. (Do not us	se 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 Laguna Beach	Other
_		
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2019, through December 31, 2019.	Leaving Office: Date Left/(Check one circle.)
	The period covered is/, through December 31, 2019.	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> </ul>
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sough	t, if different than Part 1:
4.	Schedule Summary (must complete) ► Total number	r of pages including this cover page:
ľ	Schedules attached	or pages moldaling the cover page.
	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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	303 401231 1104.	gran Beach CA 92651
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	1 have used all responsible difference in properties this statement. I have revisit	owed this statement and to the hest of my knowledge the information contained
	herein and in any attached schedules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws of the State of Californ	rnia that the foregoing is true and correct.
	Date Signed 3/17/20	Signature R. C.
	Consulta de consul	(File the eningly signed appearance with your filing official)



(month, day, year)

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

JUN 1 6 2020

A PUBLIC DOCUMENT Please type or print in ink. City Clerk's Office NAME OF FILER (LAST) City of LagMIDDLE each CA 610 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Laguna beach Division, Board, Department, District, if applicable Your Position Planing Division Planning Manager ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) \_\_\_\_\_ Position: \_\_\_\_\_ Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of ✓ City of Laguna Beach ✓ Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2019, through Leaving Office: Date Left \_\_\_ December 31, 2019. (Check one circle.) -or-O The period covered is January 1, 2019, through the date of The period covered is \_\_\_\_\_/\_\_\_\_, through leaving office. December 31, 2019. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ the date of leaving office. 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY ZIP CODE STATE (Business or Agency Address Recommended - Public Document) Laguna Beach CA 92630 505 Forest Avenue DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (949 ) 497-0362 sdrapkin@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 6/16/2020 Signature

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

## CALLFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTELESTS COVER PAGE

RECEIVED

Date Initial Filing Received
Filing Official Use Conly
FEB 2 1 2020

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A PUBLIC DOCUMENT

City Clerk's Office City of Laguna Beach, CA

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Dupuis	Shohreh	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		1
City of Laguna Beach		ssistant City Manage
Division, Board, Department, District, if app	licable Your P	osition
► If filing for multiple positions, list below of	or on an attachment. (Do not use acronyms)	
Agency:	Positio	on:
2. Jurisdiction of Office (Check at I	east one box)	
☐ State	Judge	e, Retired Judge, Pro Tem Judge, or Court Commissioner ewide Jurisdiction)
Multi-County	Coun	ty of
3. Type of Statement (Check at least		
Annual: The period covered is Janua	ry 1, 2019, through	ving Office: Date Left/
December 31, 2019.		(Check one circle.)
The period covered is December 31, 2019.		The period covered is January 1, 2019, through the date of eaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, if different tha	n Part 1:
4. Schedule Summary (must com	nplete) ► Total number of pages in	ncluding this cover page:
Schedules attached	Total number of pages in	iolading the cover page.
	Schedule C	- Income, Loans, & Business Positions - schedule attached
Schedule A-1 - Investments – sche Schedule A-2 - Investments – sche		- Income - Gifts - schedule attached
Schedule B - Real Property – sche		- Income - Gifts - Travel Payments - schedule attached
delicate b = Near Property	due attached	,
-or- None - No reportable interes	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public I. 505 Forest Avenue	Laguna Beach	CA 92651
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	
( 949 ) 497-0351		
I have used all reasonable diligence in prepherein and in any attached schedules is tru	nent and to the best of my knowledge the information contained document.	
I certify under penalty of perjury under t	he laws of the State of California that the for	regoing is true and correct.
02/21/2020	>	Thomas I Dunice
Date Signed (month, day, year)	Signature	(File the originally signed paper statement with your filing official.)
(month, day, year)		(r no one originally signed puper statement with your filling official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Shohreh Dupuis	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  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(Real property, car, boat, etc.)	Sale of(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	PERIOD
a retail installment or credit card transaction, made in t	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
City of Laguna Beach	%
ADDRESS (Business Address Acceptable)	
505 Forest Avenue, Laguna Beach, CA 92651	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None   ▼ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
X OVER \$100,000	Other(Describe)
Comments:	

#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC IN LERESTS REGENTED Piling Received **COVER PAGE**

A PUBLIC DOCUMENT

MAY 1 5 2020

Please type or print in ink.		City Clerk's Office
NAME OF FILER (LAST)	(FIRST)	City of Laguna (Minerical), CA
Farinella	Laura	Kay
l. Office, Agency, or Cou	urt	
Agency Name (Do not use ac		
City of Laguna Beach	(Shymo)	
Division, Board, Department, D	istrict, if applicable	Your Position
Police Department		Chief of Police
► If filing for multiple positions	s, list below or on an attachment. (Do not u	use acronyms)
Agency:		Position:
2. Jurisdiction of Office	(Check at least one box)	
☐ State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
Multi-County		County of
✓ City of Laguna Beach		Other
3. Type of Statement (CH	neck at least one box)	
•••	red is January 1, 2019, through	Leaving Office: Date Left 09 / 04 / 20
December 31, 2		(Check one circle.)
-or- The period cove December 31, 2	red is/, through 019.	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> <li>-or-</li> </ul>
Assuming Office: Date a	assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Elect	ion and office sough	ht, if different than Part 1:
Cohodula Summanu /r	nust complete) . Total number	ay of names including this payor page:
<ul> <li>Schedule Summary (r Schedules attached</li> </ul>	must complete) > rotal number	er of pages including this cover page: 1
Schedule A-1 - Investn	nents – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	nents – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Pro	perty - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	able interests on any schedule	
5. Verification		
MAILING ADDRESS ST (Business or Agency Address Recomm	REET CITY ended - Public Document)	STATE ZIP CODE
505 Forest Ave., Laguna	Beach, CA 92651	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(949 ) 497-0385		Ifarinella@lagunabeachcity.net
I have used all reasonable dilig herein and in any attached sch	ence in preparing this statement. I have reviedules is true and complete. I acknowledg	riewed this statement and to the best of my knowledge the information contained the this is a public document.
I certify under penalty of per	jury under the laws of the State of Califo	ornia that the foregoing is true and correct.
Date Signed 06/15/2020		Signature Samuelan des
Date eignes	onth, day, year)	(File the originally signed paper statement with your filing official.)

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

FEB 1 0 2020

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)		Citymicole)rk's Office
Garcia	Michael	C.	City of Laguna Beach, CA
1. Office, Agency, or Court			
Agency Name (Do not use acronyms,	)		
City of Laguna Beach			
Division, Board, Department, District, if	f applicable	Your Position	
Fire Department		Fire Chief	
► If filing for multiple positions, list be	elow or on an attachment. (Do not use ac	cronyms)	
Agency:		Position:	
0			
2. Jurisdiction of Office (Check	at least one box)		
☐ State		☐ Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	ludge, or Court Commissioner
Multi-County		County of	
		Other	
El ony or			
3. Type of Statement (Check at	least one box)		
★ Annual: The period covered is J	anuary 1, 2019, through	Leaving Office: Date Left	
December 31, 2019.	0.4	(Check on	e circle.)
The period covered is December 31, 2019.	nuar <sub>/</sub> 01 / 2020 , through	<ul> <li>The period covered is Janual leaving office.</li> </ul>	ary 1, 2019, through the date of
☐ Assuming Office: Date assumed	:cemt <sub>/</sub> 31 / 2020	<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	_/, through
Candidate: Date of Election	and office sought, if c	different than Part 1:	
1 Cohodula Cummany /must	nomploto) T ( )		1
4. Schedule Summary (must of Schedules attached	somplete) ► lotal number of	pages including this cover pa	age:
Schedule A-1 - Investments -	schedule attached	chedule C - Income, Loans, & Busines	ss Positions – schedule attached
Schedule A-2 - Investments -		chedule D - Income - Gifts - schedule	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
☐ Schedule B - Real Property –		chedule E - Income - Gifts - Travel P	ayments - schedule attached
-or- ≥ None - No reportable in	nterests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - P	CITY	STATE	ZIP CODE
City of Laguna Beach, Fire D		h CA	92651
DAYTIME TELEPHONE NUMBER		IAIL ADDRESS	02001
( 949 )497-0700	M	garcia@lagunabeachcity .net	
I have used all reasonable diligence in herein and in any attached schedules	preparing this statement. I have reviewed is true and complete. I acknowledge this	this statement and to the best of my kins a public document.	nowledge the information contained
	der the laws of the State of California t		<u>t</u>
Echruan 7 2020		Mille	/
Date Signed February 7, 2020	Signa Signa	// ////	Noment with your filing official )
(month, day, y	our /	(File the originally signed paper sta	atement with your ming omcial.)



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initia Ciling/Received Filing Official Use Only

FEB 1 9 2020

Please type or print in ink.

#### A PUBLIC DOCUMENT

City Clerk's Office

NAME OF FILER (LAST)	(FIRST)		City o(MIDD bE) na Beach, CA
Irish	Lillian	B.	
1. Office, Agency, or Court			,
Agency Name (Do not use acronyms)			,
City of Laguna Beach			
Division, Board, Department, District, if app	licable	Your Position	
Community Development- Code	Enforcement Division	Code Enforcement Superv	visor
▶ If filing for multiple positions, list below of	or on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at I	east one box)		
☐ State	,	☐ Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	udge, or Court Commissioner
Multi-County		County of	
⋉ City of Laguna Beach		Other	
3. Type of Statement (Check at least			
Annual: The period covered is Janua December 31, 2019.	ry 1, 2019, through	Leaving Office: Date Left(Check one	
The period covered is December 31, 2019.	, through	<ul> <li>The period covered is Janua leaving office.</li> </ul>	ry 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 different than Part 1:	
4. Schedule Summary (must com	nolete) > Total number	of pages including this cover pa	ngo'
Schedules attached	proto, protar number	or pages moluting this cover pa	ge
Schedule A-1 - Investments – sche	dule attached	Schedule C - Income, Loans, & Busines	s Positions - schedule attached
Schedule A-2 - Investments – sche		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - sche	dule attached	Schedule E - Income - Gifts - Travel Pa	ayments - schedule attached
-or- 🗵 None - No reportable intere	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I	CITY Cocument)	STATE	ZIP CODE
505 Forest Av.	Laguna Be	ach CA	92651
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	- 100 CC POL C
( 949 ) 497-0757		lirish@lagunabeachcity.net	
I have used all reasonable diligence in prep herein and in any attached schedules is tru			nowledge the information contained
I certify under penalty of perjury under t	he laws of the State of Californ	ia that the foregoing is true and correct	
Date Signed 02/18/20	Sig	gnature	
(month day year)		/File the originally signed namer eta	tomant with your filing official \



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received RECEIVED Only

JUN 1 6 2020

Please type or print in ink.				JUN 1 6 2020
NAME OF FILER (LAST)	(FIRST)			City OMPRES Office
JAFARI	REZA			City of Laguna Beach, CA
I. Office, Agency, or Cou	ırt			
Agency Name (Do not use acr	ronyms)	***************************************		
City of Laguna Beach				
Division, Board, Department, Di	strict, if applicable	You	ur Position	
Public Works Department		De	eputy Director of Public Wor	rks
▶ If filing for multiple positions	, list below or on an attachment. (E	Do not use acronyms	:)	
Agency:		Po	osition:	
2. Jurisdiction of Office	(Check at least one box)			
State			udge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		C	ounty of	
✓ City of Laguna Beach				
2. Type of Statement (s)				1
3. Type of Statement (ch	,			
December 31, 20	red is January 1, 2019, through 019.	∐ I	Leaving Office: Date Left (Check or	ne circle.)
The period cover December 31, 20	red is/, t 019.	an ough	The period covered is Janual leaving office.	ary 1, 2019, through the date of
✓ Assuming Office: Date a	assumed 02 / 10 / 2020		The period covered is the date of leaving office.	_/, through
Candidate: Date of Election	on and offic	e sought, if different	than Part 1:	
I. Schedule Summary (n	nust complete) > Total r	number of nages	s including this cover p	aue. 1
Schedules attached	Total I	ambor or pages	, molading the cover p	<u> </u>
Schedule A-1 - Investm	nents – schedule attached	□ Schedule	e C - Income, Loans, & Busine	ss Positions – schedule attached
	nents – schedule attached		e D - Income - Gifts - schedul	
	perty – schedule attached		e E - Income – Gifts – Travel F	
		_		
-or- 🗸 None - No reporta	able interests on any schedul	е		
5. Verification				
MAILING ADDRESS STE (Business or Agency Address Recomme	REET ended - Public Document)	CITY	STATE	ZIP CODE
505 Forest Avenue, Laguna I	Beach, CA 92651			
DAYTIME TELEPHONE NUMBER		EMAIL ADDF	RESS	
(949 ) 497-0735		rjafari@l	agunabeachcity.net	
	ence in preparing this statement. I hedules is true and complete. I ackn	ave reviewed this sta	atement and to the best of my k	nowledge the information contained
11.24 16 - 1869 (a) 11 - 865 (b) 145	ury under the laws of the State of			ct.
T		_	h .	
Date Signed June 15, 2020	inth, day, year)	Signature _	(File the originally signed paper st	tatement with your filing official \
lmor			in the the originally signed paper st	anomon man your ming unicially



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received RECEIVED Use Only

JUN 1 6 2020

Please type or print in	ink.		JUN 1 6 2020
NAME OF FILER (LAST)	(F	RST)	City Clerk
Johnson	Hannah		Rose City of Laguna Beach, CA
1. Office, Agency,	or Court		
Agency Name (Do r	not use acronyms)		
City of Laguna Bea	ch		
Division, Board, Depa	artment, District, if applicable		Your Position
Water Quality Dep	artment		Project Manager
▶ If filing for multiple	e positions, list below or on an attachment	(Do not us	se acronyms)
Agency:			Position:
2. Jurisdiction of	Office (Check at least one box)		
☐ State			<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
Multi-County			County of
City of Laguna	Beach		Other
3. Type of Statem	nent (Check at least one box)		
Decem	eriod covered is January 1, 2019, through lber 31, 2019.		Leaving Office: Date Left/
	eriod covered is/	, through	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> </ul>
Assuming Offic	e: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Dat	e of Election and	office sought	t, if different than Part 1:
4. Schedule Summary (must complete) ▶ Total number of pages including this cover page:		r of pages including this cover page:	
Schedules atta			
Schedule A-1	- Investments - schedule attached	Γ	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 - M	o reportable interests on any sche	dulo	
5. Verification	o reportable interests on any sene	Juie	
MAILING ADDRESS	STREET	CITY	STATE ZIP CODE
	ss Recommended - Public Document)		
DAYTIME TELEPHONE NU	guna Beach CA 92651		EMAIL ADDRESS
(949 ) 464-661			
I have used all reasor		I have revie	hjohnson@lagunabeachcity.net ewed this statement and to the best of my knowledge the information contained
		150	rnis is a public document.  The structure of the foregoing is true and correct.
,			
Date Signed 6/16/2	0	S	Signature Johnson, Hannah Date: 2020.06.16 10:53:51 - 07'00'
	(month, day, year)		(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
RECEIVED

Please type or print in ink.

A PUBLIC DOCUMENT

FEB 06 2020

NAME OF FILER (LAST)	(FIRST)		City Clerk's Office
Johnson	Rachel		City of Laguna Beach, CA
1. Office, Agency, or Court	1		
Agency Name (Do not use acrony)	ms)		
City of Laguna Beach			
Division, Board, Department, Distric	t, if applicable	Your Position	
Police Department		Police Captain	
► If filing for multiple positions, list	below or on an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Chi	eck at least one box)		
State	y	☐ Judge or Court Commissioner (	Statewide Jurisdiction)
_		County of	
☐ Multi-County			
□ City of Laguna Beach		Other	
3. Type of Statement (Check	at least one box)		
Annual: The period covered is	January 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.	, , == ==, ======	(Check or	
-or- The period covered is	s, through		ary 1, 2018, through the date of
December 31, 2018.		-or- leaving office.	
★ Assuming Office: Date assure	ned	<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	_/, through
Candidate: Date of Election _	and office sought,	if different than Part 1:	61
<ol><li>Schedule Summary (mus Schedules attached</li></ol>	t complete) ► Total number	of pages including this cover p	age:
Schedule A-1 - Investments	s – schedule attached	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments		Schedule D - Income - Gifts - schedul	
Schedule B - Real Property	/ – schedule attached	Schedule E - Income - Gifts - Travel F	
	_		
-or- ≥ None - No reportable	interests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended	- Public Document)	STATE	ZIP CODE
505 Forest Avenue	Laguna Be	each CA	92651
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
( 949 ) 497-0345		rjohnson@lagunabeachcity.ne	
	in preparing this statement. I have reviewes is true and complete. I acknowledge	wed this statement and to the best of my this is a public document.	knowledge the information contained
I certify under penalty of perjury	under the laws of the State of Californ	nia that the foregoing is true and corre	ct.
Date Signed 02/03/2020		ignatura (/)	
Date Signed(month, do		ignature(File the originally signed paper.	latement with your filing official.)

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS



#### **COVER PAGE**

MAR 11 2020

Ple	ase type or print in ink. A PUE	BLIC DOCUMENT City Clerk's Office
NAI	ME OF FILER (LAST) (FIRST)  KARAGUEZIAN LORI	City of LagunaMDDHTh, CA
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)  CITY OF LAGUNA BEACH  Division, Board, Department, District, if applicable	V D W
	PUBLIC WORKS	Your Position ANALYST
	▶ If filing for multiple positions, list below or on an attachment. (Do not us	se 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
	Scity of LAGUNA BEACH	Other
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2019, through December 31, 2019.	Leaving Office: Date Left/(Check one circle.)
	The period covered is/, through December 31, 2019.	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> </ul>
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sough	it, if different than Part 1:
4.	Schedule Summary (must complete) ► Total number Schedules attached	r of pages including this cover page:
	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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	505 FOREST AVE. LAGUNA	BEACH CA 92651
	DAYTIME TELEPHONE NUMBER (714) 497-0740	EMAIL ADDRESS
		iewed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws of the State of California	
	Date Signed 3 5 20 (month, day, year)	Signature File the originally signed paper statement with your filing official.)

#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**



JAN 1 6 2020

Please type or print in ink.	A PU	BLIC DOCUMENT	rk's Office
NAME OF FILER (LAST)	(FIRST)		(MIDDLE) a Beach, CA
Kim	So	Jung	III, CA
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			2
City of Laguna Beach			
Division, Board, Department, District, if applicable		Your Position	
Community Development Department		Senior Principal Planner	
▶ If filing for multiple positions, list below or on an a	ttochmont (Do not u		
I ming for multiple positions, list below or on all a	ttacriment. (Do not u	se acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	box)		
☐ State		Judge, Retired Judge, Pro Tem Judge, or Co (Statewide Jurisdiction)	urt Commissioner
Multi-County		County of	
⊠ City of Laguna Beach		Other	
Est only of		- Other	
3. Type of Statement (Check at least one box,			
Annual: The period covered is January 1, 2020 December 31, 2020.	, through	Leaving Office: Date Left	
The period covered is/	, through	<ul> <li>The period covered is January 1, 2019, 1</li> <li>leaving office.</li> </ul>	through the date of
Assuming Office: Date assumed/	J	The period covered is// the date of leaving office.	, through
Candidate: Date of Election	and office sough	t, if different than Part 1:	H
1 Schodula Summany (must complete)	7 / / /		1
4. Schedule Summary (must complete)  Schedules attached	► lotal numbe	r of pages including this cover page:	I
Schedule A-1 - Investments - schedule attac	ned [	Schedule C - Income, Loans, & Business Positions	- schedule attached
Schedule A-2 - Investments – schedule attac	ned [	Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Property - schedule attack	ned [	Schedule E - Income - Gifts - Travel Payments - se	chedule attached
-or- 🗵 None - No reportable interests on a	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIF	CODE
505 Forest Avenue	Laguna B	each CA 92651	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
( 949 ) 497-0736		skim@lagunabeachcity.net	
I have used all reasonable diligence in preparing this sherein and in any attached schedules is true and con		ewed this statement and to the best of my knowledge the e this is a public document.	information contained
I certify under penalty of perjury under the laws of	f the State of Califor	rnia that the foregoing is true and correct.	
Data Signad 1-16-2020	ï	Sandy Sandy	
Date Signed (month, day, year)		Gignature	filing official.)

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



FEB 11 2020

Please type or print in ink.

A PUBLIC DOCUMENT

City Clerk's Office City of Laguna Beach, CA (MIDDLE)

NAME OF	FILER (LAST)	(FIRST)	(MIDDLE)
Kleiser		Timothy	Craig
1. Offic	ce, Agency, or Court		
Agen	cy Name (Do not use acronyms)		
	una Beach Police Department		
	on, Board, Department, District, if applicable		Your Position
Fiel	d Services		Lieutenant
-	filing for multiple positions, list below or on an attach	nment. (Do not use	acronyms)
Agen	icy:		Position:
Agen	oy.		1 Oditori.
2. Juri	isdiction of Office (Check at least one box)		
S	tate		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Пм	ulti-County		County of
	Laguna Beach		Other
	ity of		
<ol> <li>Typ</li> </ol>	e of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2019, thr	ough	Leaving Office: Date Left/
	December 31, 2019.		(Check one circle.)
	The period covered is/		<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> <li>-or-</li> </ul>
× A	Assuming Office: Date assumed	2017	The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sought, it	f different than Part 1:
4. Sch	edule Summary (must complete)	Total number of	of pages including this cover page:
	edules attached		
_			Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
L	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
	Scriedule B - Real Froperty - Scriedule attached		14-18-0000000000 807 Sept. (Sept. 18000000000000000000000000000000000000
-or- 🗵	None - No reportable interests on any	schedule	
5. Verif	fication		
MAILIN	NG ADDRESS STREET ess or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	Forest Ave	Laguna Bea	ch CA 92651
DAYTI	ME TELEPHONE NUMBER		EMAIL ADDRESS
	49 )464-6655		kleiser@lagunabeachcity.net
I have	e used all reasonable diligence in preparing this state n and in any attached schedules is true and complet	ment. I have review e. I acknowledge th	ed this statement and to the best of my knowledge the information contained is is a public document.
I cert	ify under penalty of perjury under the laws of the	e State of California	a that the foregoing is true and correct.
	02/40/2020		Common Kelin
Date	Signed 02/10/2020 (month, day, year)	Sig	(File the originally signed paper statement with your filing official.)



#### STATEMENT OF ECONOMIC INT RESTS

### -11/1-19

#### **COVER PAGE**

MAR 2 4 2020

			min a a a a a a
Please type or print in ink.	A PU	A PUBLIC DOCUMENT  City Clerk's Off City of Leguna Beac	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Koch	Robert	A	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			4.
City of Laguna Beach			
Division, Board, Department, District, if applica-	able	Your Position	
		Project Manager	
▶ If filling for multiple positions, list below or	on an attachment. (Do not i	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	st one box)		
State		☐ Judge, Retired Judge, Pr (Statewide Jurisdiction)	o Tem Judge, or Court Commissioner
Multi-County		County of	
X City of Laguan Beach		Other	
3. Type of Statement (Check at least of	ne box)		
★ Annual: The period covered is January	P(00-00) - 5000 (*		eft/
December 31, 2019or-		9.5	heck one circle.)
The period covered is/_ December 31, 2019.	, through	leaving office.	is January 1, 2019, through the date of
Assuming Office: Date assumed		<ul> <li>The period covered the date of leaving of</li> </ul>	is/, through ffice.
Candidate: Date of Election	and office soug	ht, if different than Part 1:	
4. Schedule Summary (must comp	lete) ► Total numbe	er of pages including this co	over page:1
Schedules attached		, -	
Schedule A-1 - Investments - schedu	lle attached	Schedule C - Income, Loans, &	Business Positions - schedule attached
Schedule A-2 - Investments - schedu		Schedule D - Income - Gifts -	schedule attached
Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts -	Travel Payments - schedule attached
-or- <b>None</b> - No reportable interest	ts on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY cument)	STA	TE ZIP CODE
505 Forest Ave Laguna Beach CA			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
( 949 )497-0340		rkoch@lagunabeachcity.r	net
I have used all reasonable diligence in prepari herein and in any attached schedules is true			of my knowledge the information contained
I certify under penalty of perjury under the	laws of the State of Califo	ornia that the foregoing is true and	d correct.
Date Signed 2-10-20		Signature Roberts Q.	Noch
Date Signed		Signature	

(month, day, year)

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

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



FEB 1 0 2020

Please type or print in ink.

A PUBLIC DOCUMENT

City Clerk's Office

NAME OF FILER (LAST)	(FIRST)	Only of Eag (MIDDLE) acti	. UM
Kravetz	Jason	Charles	
I. Office, Agency, or Court			
Agency Name (Do not use acronym	s)		
Laguna Beach Police Depa	rtment		
Division, Board, Department, District,	if applicable	Your Position	
Police		Police Captain	
▶ If filing for multiple positions, list t	pelow or on an attachment. (Do not u	ise acronyms)	
Agency:		Position:	
. Jurisdiction of Office (Che	ck at least one box)		
State		Judge, Retired Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction)	ner
Multi-County		County of	
☑ City of Laguna Bea	nch	Other	
. Type of Statement (Check a	,		
Annual: The period covered is December 31, 2019.	January 1, 2019, through	Leaving Office: Date Left/(Check one circle.)	
The period covered is December 31, 2019.	/, through	<ul> <li>The period covered is January 1, 2019, through the date- leaving office.</li> </ul>	te of
Assuming Office: Date assum	ed/	The period covered is/, through the date of leaving office.	ough
Candidate: Date of Election	and office sough	nt, if different than Part 1:	
. Schedule Summary (must	complete) ► Total number	r of pages including this cover page:	
Schedules attached			
Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Business Positions - schedule atta	ached
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 attache	ed
or- 🗵 None - No reportable	interests on any schedule		
Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	STATE ZIP CODE	
14 63rd Place	Long Bea	ch CA` 90803	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
( 562 )301-1901		jkravetz@lagunabeachcity.net	
	n preparing this statement. I have revi s is true and complete. I acknowledge	iewed this statement and to the best of my knowledge the information co e this is a public document.	ontained
I certify under penalty of perjury u	nder the laws of the State of Califo	rnia that the foregoing is true and correct.	
0.4.40.0000			
Date Signed 0110/2020		Signature Son	11
(month, day		(File the originally signed paper statement with your filing officially	M >

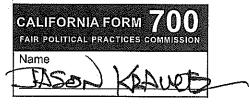
## SCHEDULE A-1 Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

o not attach brokerage or financial statements



Do not attach brokerage o	manda statements.
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
PRODERTY MGMT	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000\$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership Concome 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 Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
UNK 19 4WK19	// 19/ . / 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//19//19_	// 19/ _/ 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)  Partnership O Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 19 / / 19	// 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
· ·	1
Comments:	

#### **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name C - KAPUTS	RIB INV. LLC
Address (Business Address Acceptable) LACE LONG	Name  Address (Business Address Acceptable)  Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Check one  Check one  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS  DWNERSUP OF FOUR Dlew
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   ACQUIRED   DISPOSED   \$10,001 - \$1,000,000   Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership  Sole Proprietorship  Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION 3 SWAP WEBSAN
► 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 TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000 S500 - \$1,000 OVER \$100,000 S1,001 - \$10,000	S10,001 - \$100,000 S500 - \$1,000 OVER \$100,000
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	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
RENTAL FROM WIT	PONT FROM! APT A
14/2 634 5.	APT C
➤ 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 □ REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Phainage Estitu if Investment or	Name of Business Enlity, 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  \$10,001 - \$1,000,000  \$100,001 - \$1,000,000  ACQUIRED DISPOSED  TOVER \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$2,000 - \$10,000     \$10,001 - \$100,000     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 Fartnership
Leasehold Other	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
Comments:	

#### **SCHEDULE B** Interests in Real Property (Including Rental Income)



29C Hickory Lopp Wh	TEFISH. 3169 VERMO
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$10,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE    FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:
NATURE OF INTEREST  Ownership/Deed of Trust  Easement	NATURE OF INTEREST Ownership/Deed of Trust  Easement
Leasehold Other	LeaseholdOther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  \$OVER \$100,000  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None	IF RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None
	l lending institution made in the lender's regular course of without regard to your official status. Personal loans and less must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and less must be disclosed as follows:  NAME OF LENDER*  NAME OF LENDER*  (Business Address Acceptable)
business on terms available to members of the public volume of the publi	without regard to your official status. Personal loans and less must be disclosed as follows:  NAME OF LENDER*  NAME OF LENDER*  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and less must be disclosed as follows:  NAME OF LENDER*  Response (Business Address Acceptable)
business on terms available to members of the public volume received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	without regard to your official status. Personal loans and less must be disclosed as follows:  NAME OF LENDER*  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)



#### STATEMENT OF ECONOMIC INTERESTS

#### **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

RECEIVED

Date Signed 2/12/2020

(month, day, year)

Please type or print in ink.	A PUBLIC DO	CUMENT	FFR 1 2 2020	
NAME OF FILER (LAST)	(FIRST)	Construction of the Constr	(MIDDLE)	
LITSCHI	MICHAEL	Α	City Clerk's Offi	ice
I. Office, Agency, or Court				11 0/1
Agency Name (Do not use acronyms)				
CITY OF LAGUNA BEACH				
Division, Board, Department, District, if appli	cable You	r Position	584-38611	(
PUBLIC WORKS	DI	EPUTY DIRECTOR	R, PUBLIC WORKS	
► If filing for multiple positions, list below o				
Agency:	Po	eition:		
Agency.		Sition.		
2. Jurisdiction of Office (Check at le	east one box)			
☐ State		dge, Retired Judge, Protatewide Jurisdiction)	Tem Judge, or Court Commis	ssioner
Multi-County		ounty of		
		*		
City of		illel		
3. Type of Statement (Check at least	one box)			
★ Annual: The period covered is Januar December 31, 2019.	y 1, 2019, through		eft/ eck one circle.)	-
December 31, 2019.	-0		January 1, 2019, through the	e date of
★ Assuming Office: Date assumed	2 , 3 , 2019		s/	through
Candidate: Date of Election	and office sought, if different	than Part 1:		
Cabadula Summan, (must sam	ploto) T. ( )			
<ol> <li>Schedule Summary (must com Schedules attached</li> </ol>	piete) > lotal number of pages	including this cov	ver page:	
Schedule A-1 - Investments - sched	dule attached Schedule	C - Income, Loans, & E	Business Positions – schedule	attached
Schedule A-2 - Investments – schedule	Cabadula	D - Income - Gifts - so		
Schedule B - Real Property - schedule	dule attached Schedule	E - Income - Gifts - Tr	ravel Payments - schedule att	ached
	_			
-or- × None - No reportable intere	sts on any schedule			
5. Verification				
MAILING ADDRESS STREET	CITY	STATE	E ZIP CODE	·
(Business or Agency Address Recommended - Public D		CA	02651	
505 FOREST AVENUE  DAYTIME TELEPHONE NUMBER	LAGUNA BEACH	CA	92651	*
( 949 ) 497-0303		CHI@LAGUNABEA	ACHCITY.NET	
I have used all reasonable diligence in prepa				on contained
herein and in any attached schedules is true			,	
I certify under penalty of perjury under the	ne laws of the State of California that the	foregoing is true and	correct.	

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



#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received RECIPIOSE Only

JUN 1 5 2020

Ple	ease type or print in ink.			0011 1 0 2020
NA	ME OF FILER (LAST) (FIRST)			City Clambore office
	WINCH TONK	$\wedge$	C	ity of Laguna Beach, CA
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)	^	0.15	
	City of Lagura	beach	Hulding	TVSOCOTOV
	Division, Board, Department, District, if applicable	Your	Position	1-11
	▶ If filing for multiple positions, list below or on an attachment. (Do	not use acronyms)		
	Agency:	Posit	ion:	
2.	Jurisdiction of Office (Check at least one box)			
	State	□ Jud	ge, Retired Judge, Pro Tem Jud	ge or Court Commissioner
	otate		tewide Jurisdiction)	ge, or court commissioner
	Multi-County	Cou	nty of	
	City of Lagua Beach			
3	Type of Statement (Check at least one box)			
•	Annual: The period covered is January 1, 2019, through		aving Office: Data Laft	1 1
	December 31, 2019.	Le	aving Office: Date Left (Check one	
	-or- The period covered is/, th	rough	The period covered is January	1, 2019, through the date of
	December 31, 2019.	-or-		
	Assuming Office: Date assumed/	0	The period covered is/_ the date of leaving office.	/, through
	Candidate: Date of Election and office	sought, if different th	an Part 1:	
4.	Schedule Summary (must complete) ► Total no	imher of nages	including this cover pag	۵,
	Schedules attached	inber of pages i	including this cover pag	<del></del>
	_	Cobodulo (	C - Income, Loans, & Business	Desitions askedule attached
	Schedule A-1 - Investments – schedule attached  Schedule A-2 - Investments – schedule attached		<b>) -</b> Income, Loans, & Business <b>) -</b> Income – Gifts – schedule a	1 10-90-90-90-90-90-90-90-90-90-90-90-90-90
	Schedule B - Real Property – schedule attached		E - Income – Gifts – Travel Pay	
	/ constant of the constant and the constant of			
-(	or- 🕅 None - No reportable interests on any schedule			
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	26251 Augusta La Palmas	CAC: STE MO	Beal (1)	92/24
	DAYTIME TELEPHONÉ NUMBER	EMAIL ADDRES	SS M	K OU
	(949) 441-9769			
	I have used all reasonable diligence in preparing this statement. I ha herein and in any attached schedules is true and complete. I acknow			wledge the information contained
	I certify under penalty of perjury under the laws of the State of	California that the fo	oregoing is true and correct.	
	11.1-		1/1/	77.
	Date Signed (month, day/year)	Signature	File the originally signed paper state	ment with your filling official.)



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Dale In Water Ving Received

A PUBLIC DOCUMENT

JUN 16 2020

Ple	ase type or print in ink.		City Clerk's Office
NAN	ME OF FILER (LAST)	(FIRST)	City of Lamonia, Beach, CA
M	cDonald	Joshua	Dean
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms	)	
	City of Laguna Beach		
	Division, Board, Department, District, i	f applicable	Your Position
	Public Works		Associate Civil Engineer
	► If filing for multiple positions, list be	elow or on an attachment. (Do not	use acronyms)
	Agency:		Position:
	Agency:		1 OSHOTI
2.	Jurisdiction of Office (Chec	k at least one box)	
	State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
			(Statewide Jurisdiction)
	Multi-County		County of
	✓ City of Laguna Beach		✓ Other
3	Type of Statement (Check at	least one hox)	
J.	Annual: The period covered is		Leaving Office: Date Left/
	December 31, 2019.	randary 1, 2010, anough	(Check one circle.)
	The period covered is .  December 31, 2019.	, throug	h The period covered is January 1, 2019, through the date of leaving office.
	Assuming Office: Date assume	ed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sou	ght, if different than Part 1:
	_		
4.		complete) ► Total numb	per 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 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	
L		Theresis of any soficule	
Э.	Verification  MAILING ADDRESS STREET	CITY	STATE ZIP CODE
	(Business or Agency Address Recommended -		****
	505 Forest Avenue, Laguna Beach	, CA 92651	EMAIL ADDRESS
	DAYTIME TELEPHONE NUMBER		
	( 949 ) 497-0728	n proparing this statement. I have r	jmcdonald@lagunabeachcity.net eviewed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules	is true and complete. I acknowle	dge this is a public document.
	I certify under penalty of perjury u	nder the laws of the State of Cal	ifornia that the foregoing is true and correct.
	Date Signed 6/15/20 (month, day	( vear)	Signature
	(month, day	,,,	Compression Comments of the Co

#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

RECEIVED

Date Initial Filing Received Filing Official Use Only MAR 0 3 2020

A PUBLIC DOCUMENT

City Clerk's Office City of Laguna Beach, CA

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
McIntosh	Victoria	Hall	
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Laguna Beach			
Division, Board, Department, District, if	applicable	Your Position	
		DeputyTreasurer	
▶ If filing for multiple positions, list below	ow or on an attachment. (Do not use	e acronyms)	
Agency:		Position:	
Jurisdiction of Office (Check	at least one box)		
State	,	☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
		Other	
Type of Statement (Check at I	east one box)		
Annual: The period covered is Ja December 31, 2019.	nuary 1, 2019, through	Leaving Office: Date Left(Check or	
The period covered is December 31, 2019.	, through	<ul> <li>The period covered is January</li> <li>leaving office.</li> </ul>	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 different than Part 1:	
Schedule Summary (must of Schedules attached	omplete) ▶ Total number	of pages including this cover p	age: <u>3</u>
Schedule A-1 - Investments - s	chedule attached	Schedule C - Income, Loans, & Busine	ss Positions - schedule attached
Schedule A-2 - Investments - s		Schedule D - Income - Gifts - schedul	
□ Schedule B - Real Property - s	chedule attached	Schedule E - Income – Gifts – Travel F	Payments - schedule attached
or-  None - No reportable int	terests on any schedule		
Verification			
MAILING ADDRESS STREET	CITY CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pu 607 Short Street	Laguna Be	each CA	92651
DAYTIME TELEPHONE NUMBER	Lagaria De	EMAIL ADDRESS	32001
( 949 ) 702-3501		vicki@ vmcintoshcpa.com	
I have used all reasonable diligence in pherein and in any attached schedules is	preparing this statement. I have revies true and complete. I acknowledge	wed this statement and to the best of my k	nowledge the information contained
I certify under penalty of perjury und	er the laws of the State of Californ	nia that the foregoing is true and correct	rt.
Date Signed 3/2/2020	s	ignature // ctul	-
(month day ye		(Ella the originally signed sense of	Interport with your filing official )

#### **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
Name	
Victoria McIntosh	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Victoria McIntosh, CPA	
Name	Name
607 Short Street 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	GENERAL DESCRIPTION OF THIS BUSINESS
Consulting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$\begin{array}{cccccccccccccccccccccccccccccccccccc	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	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)	<ul> <li>≥ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
S0 - \$499 S10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 X OVER \$100,000	S500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000  3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	L \$1,001 - \$10,000
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
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000/	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Yrs. remaining 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
·	
Comments:	

#### SCHEDULE E Income - Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Victoria McIntosh

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.

•	For	gifts	of	travel,	provide	the	travel	destinatio	n.
IAN	/E OF	SOURC	E (/	Not an Acro	onym)				r
	0.00	VIZI WAS A TO							

The second state of the se	[ ]
Festival of the Arts	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
650 Laguna Canyon Road	
CITY AND STATE	CITY AND STATE
Laguna Beach, CA 92651	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 08 / 11 / 19 - 08 / 11 / 19 AMT: \$ 400.00	DATE(S):// AMT: \$
▶ 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 Appairm)
P NAME OF GOOTIOE (NOT ALL ACTIONS II)	► 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:	1 1





#### STATEMENT OF ECONOMIC INTERESTS

#### DaMARtio 312020 ceived

#### **COVER PAGE**

A PUBLIC DOCUMENT

City Clerk's Office City of Laguna Beach, CA

Please type or print in ink.	A PUE	BLIC DOCUMENT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Mehranpour	M Reza	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)	<del></del>	
City of Laguna Beach		
Division, Board, Department, District, if applicable		Your Position
Building Division		Senior Plan Checker
▶ If filing for multiple positions, list below or on an	attachment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one	box)	
☐ State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
Multi-County		County of
□ City of Laguna Beach     □ City of Laguna     □ City		Other
3. Type of Statement (Check at least one bo	x)	
Annual: The period covered is January 1, 201 December 31, 2019.	9, through	Leaving Office: Date Left/(Check one circle.)
The period covered is// December 31, 2019.	, through	The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
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		, ,
Colored A. A. Investments and advantage of		Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-1 - Investments – schedule atta	// C	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule atta	_	Schedule E - Income - Gifts - Travel Payments - schedule attached
Chedule B - Near Property - Schedule alla	L	J
-or- ⊠ None - No reportable interests on	any schedule	
5. Verification	any concare	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)		
505 Forest Ave.	Laguna Be	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
( 949 ) 497-0335		rmehranpour@lagunabeachcity.net
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws	of the State of Californ	nia that the foregoing is true and correct.
Date Signed 03/03/2020	S	ignature M. R. Mehranfors
(month, day, year)		(File the ofiginally-signed paper statement with your filing official.)

#### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**



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#### A PUBLIC DOCUMENT

MAR 0 9 2020

Plea	ase type or print in ink.		The part of the state of the st	Olitica Oli a salahan eOresi
NAM	E OF FILER (LAST)	(FIRST)		City ClerkMDDEffice City of Laguna Beach, CA
Ох	ford	Matthew		J Sity of Edgana Bodon, OA
1. (	Office, Agency, or Court			
	Agency Name (Do not use acronyms)		2	
	City of Laguna Beach			
	Division, Board, Department, District, if applicable		Your Position	
	Engineering Division, Public Works Departm	ent	Project Manager	
	▶ If filing for multiple positions, list below or on an attach	ment. (Do not use	acronyms)	
	Agency:		_ Position:	
2.	Jurisdiction of Office (Check at least one box)			
	☐ State		Judge, Retired Judge, F (Statewide Jurisdiction)	Pro Tem Judge, or Court Commissioner
	Multi-County		County of	
	⊠ City of Laguna Beach			
	City of	-		
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2019, thr December 31, 2019.	ough		Left/ (Check one circle.)
	The period covered is	019, through	-or-	d is January 1, 2019, through the date of
	Assuming Office: Date assumed/		<ul> <li>The period covered the date of leaving</li> </ul>	d is/, through goffice.
	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:1
	Schedules attached			
	Dall I A A formation ashedula attached	г	Schedule C - Income, Loans,	& Business Positions - schedule attached
	☐ Schedule A-1 - Investments – schedule attached ☐ Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts	
	Schedule B - Real Property - schedule attached		Schedule E - Income – Gifts	<ul> <li>Travel Payments – schedule attached</li> </ul>
	Schedule B - Near Property - Solidade allacinos	_	_	
-(	or- 🗵 None - No reportable interests on any	schedule		
5.	Verification			STATE ZIP CODE
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	8	STATE ZIP CODE
	505 Forest Avenue	Laguna Be	each	CA 92651
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	( 949 )497-0792	70000000	moxford@lagunabeach	
	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 document.	
	I certify under penalty of perjury under the laws of the	ne State of Califor	nia that the foregoing is true a	and correct.
	Date Signed 2/27/2020		Signature ///	signed paper statement with your filling official.)
	(month, day, year)		(File the originally s	nyriou paper statement mar you miny omorally



### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
RECEIVED

#### **COVER PAGE**

Please type or print in ink.

A PUBLIC DOCUMENT

JAN 3 0 2020

	FFILER (LAST)	(FIRST)	City City (MIDDLE)
Paris		Laura	City Clerks Office  Marie City of Laguna Beach, CA
Contract of the Contract of th	fice, Agency, or Court		
_	ency Name (Do not use acronyms)		
	ty of Laguna Beach		
_	ision, Board, Department, District, if applicable		Your Position
	initially District, in applicable		City Treasurer
-			
•	If filing for multiple positions, list below or on an attachm	nent. (Do not	use acronyms)
Ag	ency: County of Orange		Position: Member Treasury Oversight Committee
2. Ju	risdiction of Office (Check at least one box)		
	State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
	Multi-County		
×	City of Laguna Beach		Other
3. Ty	pe of Statement (Check at least one box)		
X	December 31, 2019.	ıgh	Leaving Office: Date Left//
	The period covered is1	19, through	h The period covered is January 1, 2019, through the date of leaving office.
	Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
	Candidate: Date of Election a	ınd office souç	ght, if different than Part 1:
4. Sc	thedule Summary (must complete) ▶ 7	Total numb	er of pages including this cover page:
So	hedules 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
0 11	Mana Na vanadable interests on any a	-lll -	
	☐ None - No reportable interests on any sor rification	cneaule	
_	LING ADDRESS STREET	CITY	STATE ZIP CODE
	siness or Agency Address Recommended - Public Document)		
	5 Forest Avenue	Laguna	
	949 )497-0327		EMAIL ADDRESS  Iparisi@lagunabeachcity.net
l ha			eviewed this statement and to the best of my knowledge the information contained
	ertify under penalty of perjury under the laws of the		
		remoderation (grant Million Fig. 1975)	11 /
Dat	e Signed <u>1/30/20</u>		Signature Lattle aux
	(month, day, year)		(File the originally signed 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
Laura Marie Parisi

➤ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
· · · · · · · · · · · · · · · · · · ·	Frontier Communications
Verizon Communications	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications	Telecommunications
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	<b> </b> \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT
(Describe)	(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 Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	► NAME OF BUSINESS ENTITY
	NAME OF BOSINESS ENTITY
Pfizer Incorporated	OF VEDAL DESCRIPTION OF THIS PUBLISHESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
MATURE OF MUCCOTARMS	NATURE OF INVESTMENT
NATURE OF INVESTMENT  Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
AND AND AND A LICE DATE.	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF AFFLICABLE, LIST DATE.
/ <u>/ 19</u> / <u>19</u>	/ <u>/ 19</u> / <u>/ 19</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
ATT	TO THE OT SOOMESS WITH
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DECOM TON OF THIS BOUNESS
Telecommunications	
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 <b>-</b> \$10,000 <b>※</b> \$10,001 <b>-</b> \$100,000	\$2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe)	(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 Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 1	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

## SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

Laura Marie Parisi

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

of Business Entities/Trusts (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name	Name
Laura M. Parisi Family Trust	Ivalie
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  In Trust, go to 2  In Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	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 TO THE ENTITY/TRUST)
	S0 - \$499 S10,001 - \$100,000 OVER \$100,000 S1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a superate sheet if necessary.)  None or Names listed below	➤ 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
► 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  ☐ REAL PROPERTY  656-136-03 and 656-133-01	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   Over \$1,000,000	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  X Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	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
Comments:	

#### SCHEDULE D Income - Gifts



Laura Marie Parisi

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
League of California Cities	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K Street, Suite 400; Sacramento CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Member Revenue & Taxation Comittee  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	DATE (IIIIIIIIIIII)
1 18 19 \$50. Working box lunch	
3 29 19 \$50 Working box lunch	
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	_
\$	
Comments:	



#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date (in the Willing) Received

Filing Official Use Only

MAR 0 9 2020

A PUBLIC DOCUMENT

Please type or print in ink.	A PUE	City Clerk's Office
NAME OF FILER (LAST)	(FIRST)	City of LagMAPLE each, CA
Pechous	James	Edward
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Laguna Beach		
Division, Board, Department, District, if applicable	<del></del>	Your Position
Community Development Department	nt	Assistant Director of Community Development
► If filing for multiple positions, list below or on	an attachment. (Do not us	se 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 Laguna Beach		Other
3. Type of Statement (Check at least one	box)	
Annual: The period covered is January 1, December 31, 2019.	2019, through	Leaving Office: Date Left/(Check one circle.)
The period covered is/ December 31, 2019.	/, through	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> </ul>
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	t, if different than Part 1:
4. Schedule Summary (must comple	te) Total number	of pages including this cover page:
Schedules attached	io, Protarnamber	or pages including this cover page.
Schedule A-1 - Investments – schedule	attached [	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule	_	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule		Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- ✓ None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY ent)	STATE ZIP CODE
9	Laguna B	each CA 92673
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
( 949 ) 497-0320		pechousart@cox.net
I have used all reasonable diligence in preparing herein and in any attached schedules is true an		ewed this statement and to the best of my knowledge the information containe this is a public document.
I certify under penalty of perjury under the la	ws of the State of Californ	rnia that the foregoing is true and correct.
Date Signed 02/27/20	{	Impature
(month, day, year)		Signature (File the originally signed paper statement with your filing official.)

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INT ESTS COVER PAGE

Date Initial Filing Received RECEIVED

Please type or print in ink.

#### A PUBLIC DOCUMENT

FEB 1 0 2020

NA	ME OF FILER (LAST)	(FIRST)		City Clerk's Office
Pe	erez	Thomas	Edv	vardity of Laguna Beach, CA
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	City of Laguna Beach			
	Division, Board, Department, District, if applicable		Your Position	
	Public Works		Project Director	
	▶ If filing for multiple positions, list below or on an attac	hment. (Do not use acro	nyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box	)		
	☐ State	,	☐ Judge, Retired Judge, Pro T (Statewide Jurisdiction)	em Judge, or Court Commissioner
	Multi-County		County of	
	□ City of Laguna Beach     □ City of Laguna     □ City of Laguna		Other	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2019, th December 31, 2019.	rough	-	ck one circle.)
	The period covered is/	, through	<ul><li>The period covered is a leaving office.</li></ul>	January 1, 2019, through the date of
	Assuming Office: Date assumed/		<ul> <li>The period covered is the date of leaving office</li> </ul>	ee. through
	Candidate: Date of Election	and office sought, if diff	erent than Part 1:	
4.	Schedule Summary (must complete)	· Total number of p	ages including this cove	er page:1
	Schedules attached			
	Schedule A-1 - Investments – schedule attached	☐ Sch	edule C - Income, Loans, & Bu	siness Positions – schedule attached
	Schedule A-1 - Investments – schedule attached		edule D - Income - Gifts - sch	
	Schedule B - Real Property – schedule attached		edule E - Income - Gifts - Tra	vel Payments – schedule attached
-(	or- 🗵 None - No reportable interests on any	schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	505 Forest Avenue	Laguna Beach	CA	92651
	DAYTIME TELEPHONE NUMBER	EMAI	L ADDRESS	
	( 949 )464-6688	tpe	rez@cityoflagunabeach.i	net
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete			my knowledge the information contained
	I certify under penalty of perjury under the laws of the	e State of California the	at the foregoing is true and co	orrect
	Data Signed 02/08/2020	21	Manusless	La company of the com
	Date Signed (month, day, year)	Signati	(File the originally signed pa	aper statement with your filing official.)



#### STATEMENT OF ECONOMIC IN RESTS

#### COVER PAGE



MAR 1 7 2020

Please type or print in ink.

NAME OF FILER (LAST)

#### A PUBLIC DOCUMENT

(FIRST)

City of	Clerk	s (	Office
(M	DDLE)	nd	acn, CA

Pietig John	Franklin
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
City of Laguna Beach	City Manager
Division, Board, Department, District, if applicable	Your Position
City Manager's Office	
▶ If filing for multiple positions, list below or on an attachment. (Do no	ot use acronyms)
Agency: South Orange County Wastewater Authority	Position: Alternate Board Director
2. Jurisdiction of Office (Check at least one box)	
☐ State	<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
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, 2019, through December 31, 2019.	Leaving Office: Date Left//(Check one circle.)
The period covered is/, through	gh
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office sou	ught, if different than Part 1:
4. Schedule Summary (must complete)   ▶ Total numl	ber 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
<b>-Or-</b> ☐ <b>None</b> - 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 DAYTIME TELEPHONE NUMBER	CA 92651
(949 ) 497-0704	ipietig@lagunabeachcity.net
	eviewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of Cali	
	100, 20
Date Signed 03/16/2020	Signature FOUM TULE
(month, day, year)	(File the originally signed paper statement with your filing official.)

## SCHEDULE A-1

## Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.



# <BLUE> is a required field

NAME OF BUSINESS ENTITY	GENERAL DESCRIPTION OF THIS BUSINESS ACTIVITY	FAIR MARKET VALUE (Select from drop down list)	NATURE OF INVESTMENT (Select from drop down list If "other," describe)	IF APPLICABLE, LIST DATE (mm/dd/2019) ACQUIRED DISPOSED	LIST DATE (019) DISPOSED
FIDELITY GOVT MMKT CAPITAL RESERVES	Mutual Fund	\$10,001 - \$100,000	Mutual Fund		
AMGEN INC	Pharmaceuticals	\$10,001 - \$100,000	Stock		
ADVANSIX INC COM	Manufacturer of polymer resins	\$2,000 - \$10,000	Stock		
COSTCO WHOLESALE CORP	Member warehouse services for retail	\$10,001 - \$100,000	Stock		
CVS HEALTH CORPORATION COM	Pharmaceuticals and various retail	\$10,001 - \$100,000	Stock	4/17/2019	
DIAGEO ADR EACH REPR 4 ORD	Beverage and alcohol	\$10,001 - \$100,000	Stock		
ENTERPRISE PRODS PARTNERS L P COM	Services to natural gas companies	\$10,001 - \$100,000	Stock		
ENERGY TRANSFER PARTNERS LP UNIT LTD	Natural gas pipelines	\$10,001 - \$100,000	Stock		
HONEYWELL INTL INC	Technology and energy products	\$10,001 - \$100,000	Stock		
JOHNSON & JOHNSON	Broad range of retail products	\$10,001 - \$100,000	Stock		
3M COMPANY	Diversified technology company	\$10,001 - \$100,000	Stock		
OLIN CORP NEW	Chemical manufacturing	\$10,001 - \$100,000	Stock		10/15/2019
PFIZER INC	Biopharmaceuticals	\$10,001 - \$100,000	Stock		
RAYTHEON CO COM NEW	Global technology company	\$10,001 - \$100,000	Stock		
TARGA RES CORP COM	Natural gas services	\$10,001 - \$100,000	Stock		
UNION PACIFIC CORP	Railroad and transportation	\$10,001 - \$100,000	Stock		
SECTOR SPDR TR SHS BEN INT UTILITIES	Sector index investing funds - utilities	\$10,001 - \$100,000	Stock		
EXXON MOBIL CORP	Energy and petrolium products	\$10,001 - \$100,000	Stock		
WALGREENS BOOTS ALLIANCE INC COM	Pharmaceuticals and various refail	\$10,001 - \$100,000	Stock		4/17/2019
ILLINOIS TOOL WORKS	Engineering products and systems	\$10,001 - \$100,000	Stock		
JPMORGAN CHASE & CO	Financial services	\$10,001 - \$100,000	Stock		
JP MORGAN EXCHANGE TRADED FD DIV	Financial services	\$10,001 - \$100,000	Stock		
ORACLE CORP COM	Computer software	\$10,001 - \$100,000	Stock		
PROCTOR AND GAMBLE CO COM	Broad range of retail products	\$10,001 - \$100,000	Stock		
MERCK & CO INC NEW COM	Global healthcare company	\$10,001 - \$100,000	Stock	10/15/2019	

# SCHEDULE C

# Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

John Pietig

<blue> is a required field  * Select from drop down list</blue>	equired field	GENERAL STATE OF THE STATE OF T			**You are not require created as part of a roof business on terms Personal loans and to follows:	d to report loans etail installment available to me bans received no	s from comr or credit ca mbers of th ot in a lende	nercial lendii rd transactio e public with er's regular c	ng institution, made in out regard ourse of bu	**You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:
1. Income Received					2. Loans Received or Outstanding	Outstanding				
NAME AND ADDRESS OF SOURCE	BUSINESS ACTIVITÝ, IF ANY	YOUR BUSINESS POSITION	GROSS INCOME RECEIVED*	CONSIDERATION FOR WHICH INCOME WAS RECEIVED* (if "other," describe)	CONSIDERATION FOR WHICH INCOME OF LENDER** (Business WAS RECEIVED* Address Acceptable) AND ACTIVITY, IF ANY (if "other," describe) GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	HIGHEST BALANCE*	INTEREST RATE (%)	TERM (Mos/Yrs)	SECURITY FOR LOAN REAL PROPERTY ADDRESS/OTHER INFORMATION*
Laguna Beach Fundra Education the lood Foundation, 733 St. district Anns Drive, Laguna Beach, CA 92651	Fundraising for Wife is the local school accounting district manager for organization	the	\$10,001- \$100,000	Spouse's or registered domestic partner's income	City of Laguna Beach, Municipality 505 Forest Avenue, Laguna Beach, CA 92651	Municipality	\$100,000	2-4%	20	20 Personal Residence

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



FEB 11 2020

Please type or print in ink.

A PUBLIC DOCUMENT

City Clerk's Office

NAME OF FILER (LAST)	(FIRST)		City of La(MIDDEE) Beach, CA
Poeschl	Sian	Rhian	non
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		;	
City of Laguna Beach			
Division, Board, Department, District, if app	licable	Your Position	
Cultural Arts		Cultural Arts Manager	
► If filing for multiple positions, list below	or on an attachment. (Do not use a		
, , , , , , , , , , , , , , , , , , , ,	(	,	
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
☐ State	•	Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County			
☑ City of Laguna Beach			
City of		Utner	
3. Type of Statement (Check at leas	t one box)		
Annual: The period covered is Janua December 31, 2019.	ry 1, 2019, through	Leaving Office: Date Left	
-or-	i i decembra		ne circle.)
December 31, 2019.	_/, through	leaving office.	uary 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 of	lifferent than Part 1:	9
4. Schedule Summary (must con	iplete) Total number of	pages including this cover p	3340,
Schedules attached	Proto, Protar number of	pages including this cover p	age
Schedule A-1 - Investments - sche	dule attached	chedule C - Income, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments – sche		chedule D - Income - Gifts - schedu	
Schedule B - Real Property - sche	dule attached So	chedule E - Income - Gifts - Travel	Payments - schedule attached
-or- ☐ None - No reportable interes	sts on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I	CITY	STATE	ZIP CODE
505 Forest Avenue	Laguna Beac	h CA	92651
DAYTIME TELEPHONE NUMBER		AIL ADDRESS	
( 949 ) 497-0722	sp	oeschl@lgunabeachcity.net	
I have used all reasonable diligence in prep herein and in any attached schedules is tru			knowledge the information contained
I certify under penalty of perjury under t	he laws of the State of California t	hat the foregoing is true and corre	ct. /
02/07/2022		Cia Dhia	the ment
Date Signed 02/07/2020	Signa		Jum Im
(month, day, year)		/ (File the originally signed paper s	tatement with your filing official.)

#### SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

		700
CALIFORI	NIA FURIVI Al practices co	MMISSION
Name	Artific Mary Baldyana p. 13.	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Sian Poeschl	
Name	Name
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	GENERAL DESCRIPTION OF THIS BUSINESS
Artist	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
X	
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership X Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
Other Other	Other
YOUR BUSINESS POSITION AND THE PROPERTY OF THE	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
■ 31,001 - 310,000  ■ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	S1,001 - \$10,000  ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT REAL PROPERTY	Check one box:
- INVESTIGATION - CANADA TRANSPORTER	MY LOT MERT MEACH NOT ERT
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	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:
\$10,001 - \$100,000	\$10,001 - \$100,000/
\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	S100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	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
'	1

Comments:\_\_

#### **SCHEDULE B** Interests in Real Property (Including Rental Income)

		700 commission
Name		

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 2711 Laguna Canyon Road	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY Laguna Beach	CITY
FAIR MARKET VALUE   S2,000 - \$10,000   S10,001 - \$1,000,000   ACQUIRED   DISPOSED      Over \$1,000,000	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	NATURE OF INTEREST
	Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000
▼ \$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source o income of \$10,000 or more.
None	None
You are not required to report loans from a commercia	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and
You are not required to report loans from a commercia business on terms available to members of the public	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess must be disclosed as follows:    NAME OF LENDER*

#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS

BateCritik/Fing Received

**COVER PAGE** 

A PUBLIC DOCUMENT

FFR	06	2020

Please type or print in ink.	A FUBLIC DO	CITY Clerk's Office
NAME OF FILER (LAST)	(FIRST)	City of Lagu(MPDLE) ch, CA
Rocchi	Richard	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Laguna Beach		
Division, Board, Department, District, if applicable	e You	r Position
Police Department	Int	erim Police Captain
▶ If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)	
Agency:	Po	sition:
Agency.	PU:	SILIOTI.
2. Jurisdiction of Office (Check at least	one box)	
☐ State	☐ Ju	dge or Court Commissioner (Statewide Jurisdiction)
Multi-County	Cc	ounty of
I Book Book B		her
E oity of		
3. Type of Statement (Check at least one		
Annual: The period covered is January 1,	2018, through	eaving Office: Date Left 02 13 2020
December 31, 2018.		(Check one circle.)
The period covered is/ December 31, 2018.		The period covered is January 1, 2018, through the date of leaving office.
Assuming Office: Date assumed/_		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, if different	than Part 1:
4. Schedule Summary (must comple	te) Total number of pages	including this cover page:1
Schedules attached	to, Protai number of pages	molading this cover page.
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	Paris in the first of the second	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY	STATE ZIP CODE
505 Forest Avenue	Laguna Beach	CA 92651
DAYTIME TELEPHONE NUMBER	EMAIL ADDR	AND
( 949 ) 497-0345		Dlagunabeachcity.net
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have reviewed this sta d complete. I acknowledge this is a pul	tement and to the best of my knowledge the information contained blic document.
I certify under penalty of perjury under the la	ws of the State of California that the	foregoing is true and correct.
02/03/2020		
Date Signed (month, day, year)	Signature	(File the originally signed paper statement with your filing official.)



#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

| Eing Received

JUN 1 5 2020

Please type or print in ink. City Clerk's Office NAME OF FILER (LAST) (FIRST) City of Lagu (MIDDLE) ch. CA 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable ▶ 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 Lagura Beach ✓ Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2019, through Leaving Office: Date Left \_\_\_\_/\_\_ December 31, 2019. (Check one circle.) The period covered is \_\_\_\_\_\_\_, through The period covered is January 1, 2019, through the date of leaving office. December 31, 2019. -or-O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ the date of leaving office. and office sought, if different than Part 1: \_\_\_ Candidate: Date of Election 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- X None - No reportable interests on any schedule Juan capis Trano 92675 STATE ZIP CODE 5. Verification 3342/ agua MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER MRUSSELLE Beach City, net (949) 633-9727 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 6-15-20 Signature

Please type or print in ink.

NAME OF FILER (LAST)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE



FEB 1 0 2020

ENT City Clerk's Office (MIDDLE) Una Beach, CA

### A PUBLIC DOCUMENT

(FIRST)

Ryan		Kristopher	Angeles
I. Office, Agend	cy, or Court		
Agency Name (D	o not use acronyms)		
City of Lagun	a Beach		
Division, Board, D	epartment, District, if applicable		Your Position
Finance Divis	ion		Finance Manager
► If filing for mult	tiple positions, list below or on an attach	ment. (Do not us	e acronyms)
Agency:			Position:
2. Jurisdiction	of Office (Check at least one box)		
State			<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
☐ Multi-County _			County of
⋉ City of Lagu	na Beach		Other
•			
• .	ement (Check at least one box)		
	e period covered is January 1, 2019, thro cember 31, 2019.	ugh	Leaving Office: Date Left/(Check one circle.)
The	period covered is/	, through	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> </ul>
Assuming O	ffice: Date assumed/		The period covered is/, through the date of leaving office.
Candidate:	Date of Election	and office sought	, if different than Part 1:
		Total number	of pages including this cover page:
Schedules a	attached		-
Schedule	A-1 - Investments - schedule attached	Γ	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
THE RESERVE AND ADDRESS OF THE PARTY OF THE	No reportable interests on any s	chedule	
5. Verification			
MAILING ADDRESS (Business or Agency A	STREET ddress Recommended - Public Document)	CITY	STATE ZIP CODE
	on Dr Apt 2207	Irvine	CA 92612
DAYTIME TELEPHONI	E NUMBER		EMAIL ADDRESS
( 949 )497-	0319		kryan@lagunabeachcity.net
	asonable diligence in preparing this stater attached schedules is true and complete		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under pe	enalty of perjury under the laws of the	State of Californ	nia that the foregoing is true and correct.
Date Signed 02/	10/2020	9	signature
Date Oigned	(month, day, year)	3	(File the originally signed paper statement with your filing official.)



# STATEMENT OF ECONOMIC INTRESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Sawaya	Pierre		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			·
City of Laguna Beach			
Division, Board, Department, District, if applicable	e Your F	Position	· · · · · · · · · · · · · · · · · · ·
Public Works Department	Proj	ect Manager	
▶ If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)		
Agency:	Positi	on:	
2. Jurisdiction of Office (Check at least	one box)	. , , , , , , , , , , , , , , , , , , ,	
☐ State	_ Judg	e, Retired Judge, Pro Tem Judg ewide Jurisdiction)	e, or Court Commissioner
Multi-County	Cour	nty of	
⊠ City of Laguna Beach		·	
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, December 31, 2019.	2019, through	ving Office: Date Left/_ (Check one ci.	
The period covered is/ December 31, 2019.		The period covered is January 1 leaving office.	, 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 different that	an Part 1:	
4. Schedule Summary (must comple	te) ► Total number of pages in	ncluding this cover page	*
Schedules attached			
Schedule A-1 - Investments - schedule		- Income, Loans, & Business P	•
Schedule A-2 - Investments - schedule	attaories	- Income - Gifts - schedule att	
Schedule B - Real Property - schedule	attached Schedule E	<ul> <li>Income – Gifts – Travel Paym</li> </ul>	ents – schedule attached
-or- ⊠ None - No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY	STATE	ZIP CODE
505 Forest Avenue	Laguna Beach	CA	92651
DAYTIME TELEPHONE NUMBER	EMAIL ADDRES		
( 949 ) 497-0751	psawaya@	@lagunabeachcity.net	
I have used all reasonable diligence in preparing herein and in any attached schedules is true and			ledge the information contained
I certify under penalty of perjury under the la	ws of the State of California that the fo	regoing is true and correct.	
Date Signed 02/20/2020	Signature	Pri Son	
(month, day, year)		(File the originally signed paper stateme	nt with your filing official.)



Please type or print in ink.

### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filling Received
Filling Official Use Only

MAR 12 2020

Ple	ease type or print in ink.	AFUD	DUCUMENT	City Clerk's Office
NAME OF FILER (LAST)		(FIRST)		City of L(MYRPAE) Beach, CA
SI	hissler	David	W	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	City of Laguna Beach			
	Division, Board, Department, District, if applicable		Your Position	
	Water Quality Department		Director of Water Quality	
	▶ If filing for multiple positions, list below or on an atta	achment (Do not us	e acronyms)	**************************************
	Agency: South Orange County Wastewater	Authority	Position: Alternate Board N	Member PC 15
2.	Jurisdiction of Office (Check at least one bo	ix)		
	☐ 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 box)			
	Annual: The period covered is January 1, 2019, to December 31, 2019.	hrough	Leaving Office: Date Left (Check of	ne circle.)
	The period covered is/////	, through	<ul> <li>The period covered is January</li> <li>leaving office.</li> </ul>	uary 1, 2019, through the date of
	Assuming Office: Date assumed//_			/, through
	Candidate: Date of Election	and office sought,	if different than Part 1:	
1	Schedule Summary (must complete)	Total number	of pages including this saver	
ν,	Schedules attached	► Total Humber	of pages including this cover p	age:
	Schedule A-1 - Investments - schedule attache	d $\Box$	Schedule C - Income, Loans, & Busine	ess Positions - schedule attached
	Schedule A-2 - Investments - schedule attache		Schedule D - Income - Gifts - schedu	
	Schedule B - Real Property - schedule attache	d $\Box$	Schedule E - Income - Gifts - Travel	Payments - schedule attached
<b>-</b> C	<b>or-</b> ⊠ <b>None</b> - No reportable interests on an	v schedule		
5.	Verification			
	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document) 515 Forest Avenue	Loguno Po	ach CA	92651
	DAYTIME TELEPHONE NUMBER	Laguna Be	ach CA  [EMAIL ADDRESS]	92001
	( 949 )497-0328		dshissler@lagunabeachcity.ne	t
	I have used all reasonable diligence in preparing this sta	tement. I have review	wed this statement and to the best of my	
	herein and in any attached schedules is true and complete of partial under the laws of the			
	I certify under penalty of perjury under the laws of t		David Shissler	
	Date Signed March 11, 2020 (month, day, year)	_ Si	gnature(File the originally signed paper s	statement with your filing official )
	[s, va.j. ) sw/		ti no anginany aignou paper a	jour many outloiding

### STATEMENT OF ECONOMIC INTESTS

### Dall Filing Official Use Only

#### **COVER PAGE**

FEB 11 2020

Please type or print in ink.	A PUBLIC DOCUMENT	City Clerk's Office
NAME OF FILER (LAST)	(FIRST)	City of Laminder Seach, CA
Tracy,	Mariann	Laura
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)  City of Laguna  Division, Board, Department, District, if applicable  City Manager's	Your Position	e Assistant
▶ If filing for multiple positions, list below or on an a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Agency:	Position:	
2. Jurisdiction of Office (Check at least one	box)	
State	☐ Judge, Retired Judge, Pro Tel (Statewide Jurisdiction)	m Judge, or Court Commissioner
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, 2019 December 31, 2019.	See to the second control of the second cont	one circle.)
The period covered is//_ December 31, 2019.	, through	nuary 1, 2019, through the date of
Assuming Office: Date assumed/		, through
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 attac		
<ul><li>Schedule A-2 - Investments – schedule attac</li><li>Schedule B - Real Property – schedule attac</li></ul>		
Schedule B - Near Property - Schedule attac	aneu Sanatala I maanta anta maaa	a raymonis – soliculie altached
-or-  None - No reportable interests on a	any schedule	
5. Verification		
MAILING ADDRESS (Business or Agency Address Recommended - Public Document)  505  TOYEST AVENUE  DAYTIME TELEPHONE NUMBER (949) 497-0308  I have used all reasonable diligence in preparing this	EMAIL ADDRESS  MYacy @ [as	21P CODE 92651 unabeachcity.ne
herein and in any attached schedules is true and cor	statement. I have reviewed this statement and to the best of my mplete. I acknowledge this is a public document.  of the State of California that the foregoing is true and corn	
Date Signed 2/11/2020	maria	n & Trac
(month, day, year)	Signature(File the originally signed page	er statement with your filing official.

#### **SCHEDULE A-1 Investments**

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

Investments must be itemized.

CALIFORNIA FORM FAIR POLITICAL PRACTICES	
Name	

Do not attach brokerage of	
Do not attach brokerage of NAME OF BUSINESS ENTITY  GENERAL DESCRIPTION OF THIS BUSINESS  FAIR MARKET VALUE  \$2,000 - \$10,000	NAME OF BUSINESS ENTITY  GENERAL DESCRIPTION OF THIS BUSINESS   WAKE HOUSE RETAILER  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 Sincome Received of \$0 - \$499  O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	/
NAME OF BUSINESS ENTITY  APPLE GENERAL DESCRIPTION OF THIS BUSINESS  SMAP FHONE Compared  FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$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)	NAME OF BUSINESS ENTITY  SOLD MAN SACHS GENERAL DESCRIPTION OF THIS BUSINESS  FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  NATURE OF INVESTMENT  Stock  Other  (Describe)  Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IE ADDITCADI E LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY   BLACKSTONE GLOUP   GENERAL DESCRIPTION OF THIS BUSINESS     AVESTMENTS   HEDGE FAND   FAIR MARKET VALUE   \$2,000 - \$10,000   \$100,001 - \$1,000,000   Over \$1,000,000	NAME OF BUSINESS ENTITY  HENRY JACK  GENERAL DESCRIPTION OF THIS BUSINESS
NATURE OF INVESTMENT  Stock Other (Describe)  Partnership Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT  Stock Other (Describe)  Partnership Income Received of \$0 - \$499  O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	/ / 19 4 /3 ó/ 19  ACQUIRED DISPOSED
Comments:	

#### **SCHEDULE A-1** Investments

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

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

_	Do not attach brokerage of	or	financial statements.
•	NAME OF BUSINESS ENTITY	11	► NAME OF BUSINESS ENTITY
	LENNAR	П	STRYKER
	GENERAL DESCRIPTION OF THIS BUSINESS	П	GENERAL DESCRIPTION OF THIS BUSINESS
		П	
	HOMEBUILDER	П	SUPPLIER OF MEDICAL HARDWARE
	FAIR MARKET VALUE	П	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	П	\$2,000 - \$10,000 \$\\$\\$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	П	\$100,001 - \$1,000,000 Over \$1,000,000
		П	
	NATURE OF INVESTMENT	П	NATURE OF INVESTMENT
	Stock Other	П	Stock Other
	(Describe)  Partnership Suncome Received of \$0 - \$499	П	(Describe)
	Income Received of \$500 or More (Report on Schedule C)	П	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	o massive visiting of the or the or the or the or the or the or	П	O Income Neceived of \$300 of More (Report of Scriedule C)
	IF APPLICABLE, LIST DATE:	П	IF APPLICABLE, LIST DATE:
		П	CONTRACTOR SECTION SEC
	//	П	
	ACQUIRED DISPOSED	П	ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY	11	► NAME OF BUSINESS ENTITY
	PULTE HOMES	П	THERMO FISHER SCIENTIFIC
	GENERAL DESCRIPTION OF THIS BUSINESS	П	
	THE DEGUNITION OF THIS BUSINESS	П	GENERAL DESCRIPTION OF THIS BUSINESS
	MONESUUNED	П	INSTRUMENTATION TO
	HOMEBUILDER	П	TWOIRDING /ATTOM
	FAIR MARKET VALUE	П	FAIR MARKET VALUE
	\$2,000 - \$10,000	П	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	П	S100,001 - \$1,000,000 / Over \$1,000,000
	NATURE OF INVESTMENT	П	NATURE OF INVESTMENT
- 0	Stock Other	П	Stock Other
	(Describe)	П	(Describe)
	Partnership Income Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	П	Partnership Income Received of \$0 - \$499
	micome Received of \$500 of More (Report on Schedule C)	П	O Income Received of \$500 or More (Report on Schedule C)
		П	
	IF APPLICABLE, LIST DATE:	П	IF APPLICABLE, LIST DATE:
	///	П	/ /10 / /10
	ACQUIRED DISPOSED	П	/
	1900-11-00-11	Ш	AGGUINED DISPOSED
•	NAME OF BUSINESS ENTITY	Γ	► NAME OF BUSINESS ENTITY
	SOUTHWEST AIRLINES		UNITED HEAVIHLARE GROWT
	GENERAL DESCRIPTION OF THIS BUSINESS	П	GENERAL DESCRIPTION OF THIS BUSINESS
	$\bigcap$		1 / DEGOTAL FIGURE DEGOTAL FIGURE DEGOTAL DEGO
	DOMESTIC AIRLINE		HEALTH PASURANCE TROVIER
•	FAIR MARKET VALUE		
	\$2,000 - \$10,000		FAIR MARKET VALUE  \$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000		
		1	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other
-	(Describe)		(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499
	C income Necested of \$500 of More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	2 9 3 35 35 35 37 37 37 37 37 37 37 37 37 37 37 37 37		" ALL LIOADLE, LIGT DATE.
			/
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
_			

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

JUN 1 5 2020

Ple	ease type or print in ink.	2 2 2020
NA	ME OF FILER (LAST) (FIRST)	City (MODELA)'s Office
T	orres Joseph	City of Laguna Beach, CA
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms) City of Laguna Beach	
	Division, Board, Department, District, if applicable	Your Position
	Laguna Beach Police Department	Lieutenant
	▶ If filing for multiple positions, list below or on an attachment. (D	Do not use acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
	☐ 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, 2019, through December 31, 2019.	Leaving Office: Date Left/(Check one circle.)
	The period covered is/, t	through O The period covered is January 1, 2019, through the date of leaving office.
	Assuming Office: Date assumed/	
	Candidate: Date of Election and office	ce sought, if different than Part 1:
4.	Schedule Summary (must complete) ► Total n	number of pages including this cover page: 1
	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
-0	or-   None - No reportable interests on any schedule	le
5.	Verification	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
	501 Forest Ave., Laguna Beach, CA 92651	
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
		nave reviewed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and complete. I ackn	
	I certify under penalty of perjury under the laws of the State of	or Camornia that the foregoing is true and correct.
	Date Signed June 15, 2020	Signature
	(month, day, year)	(File the originally signed paper statement with your filing official.)



## STATEMENT OF ECONOMIC INTO LESTS

Date Initial Filing Received

#### **COVER PAGE**

MAR **0 9 2020** 

A PUBLIC DOCUMENT Please type or print in ink. City Clerk's Off NAME OF FILER (LAST) (FIRST) City of La MIPPLE Beach, CA **Trestik** Mark Alan 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Laguna Beach Your Position Division, Board, Department, District, if applicable **Public Works Department** City Engineer ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: \_ Agency: \_\_ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of \_ ∠ City of Laguna Beach 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2019, through Leaving Office: Date Left \_\_\_\_/\_ December 31, 2019. (Check one circle.) -or- The period covered is January 1, 2019, through the date of The period covered is \_\_\_\_\_\_, through -or- leaving office. December 31, 2019. The period covered is \_\_\_\_ Assuming Office: Date assumed \_\_\_\_\_/\_\_ the date of leaving office. and office sought, if different than Part 1: \_ Candidate: Date of Election 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- 

None - No reportable interests on any schedule 5. Verification ZIP CODE MAILING ADDRESS STREET STATE (Business or Agency Address Recommended - Public Document) 505 Forest Avenue CA 92651 Laguna Beach DAYTIME TELEPHONE NUMBER **EMAIL ADDRESS** ( 949 )497-0300 matrestik@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 3/9/20 Signature (File the originally signed paper statement with your filing official.) (month, day, year)

### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**



WAR Z 6 ZUZU

Please type or print in ink.

Please type or print in ink.	A PUBI	LIC DOC	UMENT	City Clerk's Office
AME OF FILER (LAST)	(FIRST)	- Montre of the second		(MIDBLE) a Beach, CA
√ondrak	Mary			
. Office, Agency, or Court				
Agency Name (Do not use acronyms)			r	
City of Laguna Beach				
Division, Board, Department, District, if applicable		Your P	osition	
Department of Water Quality			or Water Quality Analy	/st
▶ If filing for multiple positions, list below or on an atta	chment. (Do not use			<u> </u>
Agency:		Positio	on:	
Agency.		_ FOSILIO	JII	
. Jurisdiction of Office (Check at least one bo	x)			
State			e, Retired Judge, Pro Tem Ju ewide Jurisdiction)	dge, or Court Commissioner
Multi-County		☐ Coun	ty of	
⊠ City of Laguna Beach		☐ Othe	r	
	Name and Association and Assoc			Washington and the second seco
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2019, the December 31, 2019.	nrough	☐ Lea	ving Office: Date Left (Check one	
The period covered is/	, through	or-	The period covered is Januar leaving office.	y 1, 2019, through the date of
Assuming Office: Date assumed		0		/, through
Candidate: Date of Election	and office sought,	if different that	n Part 1:	
. Schedule Summary (must complete)	Total number	of pages is	actuding this cover pa	NO.
Schedules attached	> Total Humber	or payes ii	icidaling this cover pay	ye
Schedule A-1 - Investments - schedule attache	d $\square$	Schedule C	- Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – schedule attache	d $\square$	Schedule D	- Income - Gifts - schedule	attached
Schedule B - Real Property – schedule attached	d $\square$	Schedule E	- Income - Gifts - Travel Pa	yments - schedule attached
-or- 🗵 None - No reportable interests on any	/ schedule			
. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
505 Forest Avenue	Laguna Be	ach	CA	92651
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
( 949 ) 497-0781		mvondrak	@lagunabeachcity.net	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete.				owledge the information contained
I certify under penalty of perjury under the laws of t	he State of Californi	ia that the fo	regoing is true and correct.	
Date Signed 03/26/2020	er.	anatura	Mary Vona	Irak
(month, day, year)	_ 510	gnature	(File the originally signed paper state	The same of the sa

NAME OF FILER (LAST)

### STATEMENT OF ECONOMIC INTELESTS

**COVER PAGE** 



FEB 0 7 2020

Please type or print in ink.

A PUBLIC DOCUMENT

City Clerk's Office (MiDDLE) ayuna Beach, CA

W	/einert	Api	Albert Herman
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	City of Laguna Beach		
	Division, Board, Department, District, if applicable		Your Position
	Fire Department		Fire Division Chief
	▶ If filing for multiple positions, list below or on an attachr	nent. (Do not us	e acronyms)
	Agency:	N1000-1100-1100-1100-1100-1100-1100-110	Position:
_	1 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2.	Jurisdiction of Office (Check at least one box)		
	State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
	Multi-County		County of
	⋉ City of Laguna Beach		Other
2	Time of Chatement is		
3.			_
	Annual: The period covered is January 1, 2019, thround December 31, 2019.	ugh	Leaving Office: Date Left/
	-or-		(Check one circle.)
	The period covered is/	, through	<ul> <li>The period covered is January 1, 2019, through the date of leaving office.</li> </ul>
	Assuming Office: Date assumed//		The period covered is/, through the date of leaving office.
	Candidate: Date of Election a	and office sought,	if different than Part 1:
1.	Schedule Summary (must complete) ▶	Total number	of pages including this cover page:2
	Schedules attached		, , , , , , , , , , , , , , , , , , , ,
	Schedule A-1 - Investments – schedule attached	_	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	E	Schedule D - Income – Gifts – schedule attached
	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-C	<b>or-</b> $\square$ <b>None</b> - No reportable interests on any se	chedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	505 Forest Avenue	Laguna Be	ach Ca 92652
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	( 949 )497-0700		aweinert@lagunabeachcity.net
	I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete.	ent. I have review	wed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws of the		50000000000000000000000000000000000000
	Date Signed 2-6-20	Si	gnature
	(month, day, year)		(File the originally signed 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	
Name	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Edwards Lifescience	30 S 10 S
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Medical Manufacturing	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	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 Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 19// 19	//
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ 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 Schedule C)
Theorie Necessed of 4500 of More (Neport of Schedule C)	O Income Received of \$500 of More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 19 / / 19	// 19/ 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
☐ Stock ☐ Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ 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 Schedule C)
	Samuel of the same
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	-
Comments:	

### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**



Please type or print in ink.

		Received only
JAN	1 6 202	20
y Cla	(MIDDLE)	

NAME OF FILER (LAST)	(FIRST)		OF (CIMIDDLE)		
Marc	Wiener	Eric	Vof Laguna Beach, CA		
1. Office, Agency, or Court			", CA		
Agency Name (Do not use acronyms	;)				
City of Laguna Beach					
Division, Board, Department, District,	if applicable	Your Position			
Community Development De	epartment	Director of Community Deve	elopment		
Tablestrates to provide the second as to	•				
I ming for multiple positions, list be	elow or on an attachment. (Do not use	acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (Chec.	k at least one box)				
☐ State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	ge, or Court Commissioner		
Multi-County		County of	N. C.		
		Other			
<ol><li>Type of Statement (Check at</li></ol>	least one box)				
X Annual: The period covered is	January 1, 2020, through	Leaving Office: Date Left			
December 31, 2020.		(Check one o	circle.)		
The period covered is December 31, 2020.	, through	<ul> <li>The period covered is January leaving office.</li> </ul>	1, 2019, through the date of		
Assuming Office: Date assume	d/	The period covered is/_ the date of leaving office.	, through		
Candidate: Date of Election	and office sought,	if different than Part 1:			
L Schodula Summany (muct	complete) T. ( )		1		
1. Schedule Summary (must Schedules attached	complete) ► lotal number (	of pages including this cover page	9:		
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Business I	Positions – schedule attached		
Schedule A-2 - Investments -		Schedule D - Income - Gifts - schedule at			
Schedule B - Real Property -	Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached				
-or- 🗵 None - No reportable i	nterests on any schedule				
5. Verification					
MAILING ADDRESS STREET	CITY Clarklic Decument)	STATE	ZIP CODE		
(Business or Agency Address Recommended - F 505 Forest Avenue	Public Document)  Laguna Bea	ach CA 9	92651		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	92001		
( 949 ) 497-0361		mwiener@lagunabeachcity.net			
I have used all reasonable diligence in herein and in any attached schedules		ved this statement and to the best of my know	vledge the information contained		
		a that the foregoing is true and correct.			
1/4/20		$\mathcal{V}_{\mathcal{L}_{1}}$ .			
Date Signed		gnature(Cile the extenses of experience and extenses	and the control of th		
(month, day, )	(cai)	(File the originally signed paper statem	ent with your filing official.)		

# STATEMENT OF ECONOMIC INTERLISTS COVER PAGE A PUBLIC DOCUMENT

Date Initial Filing Received REOPH/EDM/

JUN 1 5 2020

Please type or print in ink.

NAME OF FILER (LA	ST) ·	(FIRST)			City CIMP科与 Office
Whelan Jr.		Timothy		Sean	City of Laguna Beach, CA
1. Office, Age	ncy, or Court				
Agency Name	(Do not use acronyms)		7		3
City of Lagun	a Beach				
Division, Board	Department, District, if applicable		Your Position		
Water Quality	,		Inspector		
▶ If filing for n	nultiple positions, list below or on an	attachment. (Do not us	ee acronyms)		
Agency:			Position:		
2. Jurisdictio	n of Office (Check at least one	box)			
☐ State			Judge, Retired Jud (Statewide Jurisdic		Judge, or Court Commissioner
☐ Multi-Count	у		County of		
City of La					
3. Type of St	atement (Check at least one bo	x)			
	The period covered is January 1, 201 December 31, 2019.	9, through	Leaving Office:		one circle.)
	The period covered isDecember 31, 2019.	, through	The period of leaving office		uary 1, 2019, through the date of
☐ Assuming	Office: Date assumed/				, through
Candidate	e: Date of Election	and office sough	t, if different than Part 1:		
4. Schedule	Summary (must complete)	► Total numbe	r of pages including t	his cover	page:
Schedule	s attached				PROFESSIONAL PROFE
Sched	ule A-1 - Investments - schedule atta	iched	Schedule C - Income, La	oans, & Busir	ness Positions - schedule attached
☐ Sched	ule A-2 - Investments - schedule atta	ached	Schedule D - Income -	Gifts - sched	ule attached
☐ Sched	ule B - Real Property - schedule atta	ached	Schedule E - Income -	Gifts – Travel	Payments - schedule attached
-or- ✓ Non	e - No reportable interests on	any schedule			
5. Verification	1				
MAILING ADDRE	SS STREET ncy Address Recommended - Public Document)	CITY		STATE	ZIP CODE
,	ve. Laguna Beach Ca. 92651				
DAYTIME TELEP			EMAIL ADDRESS		
	97-0794		twhelan@lagunabeach		
	I reasonable diligence in preparing thi any attached schedules is true and c			the best of my	y knowledge the information contained
I certify unde	er penalty of perjury under the laws	of the State of Califo	ornia that the foregoing is	true and cor	rect.
Date Signed	6/15/2020 (month, day, year)		Signature Whelan, Ti		Digitally signed by Whelan, Tim Date: 2020.06.15 15:47:55-07'00'
	1		y no the on	aa., orginou pape	. statement four ming official,



#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

AUG 2 6 2020

Please type or print in ink.					AUG 2 6 2020	
NAME OF FILER (LAST)	(FIR	ST)			City CMPPLE'S Office	
Snow	Kevin			D	City of Laguna Beach, C	
1. Office, Agency, or Court						
Agency Name (Do not use acronyms) City of Laguna Beach	39.00 (9.10					
Division, Board, Department, District, if applicable			Your Position			
			Chief of Marin	e safety		
▶ If filing for multiple positions, list below or on an	attachment.	(Do not us	se acronyms)	16		
Agency:	3. (A)		Position:			
. Jurisdiction of Office (Check at least one	box)			<u>-</u>		
State	i.		☐ Judge, Retired (Statewide Juris		Judge, or Court Commissioner	
Multi-County			County of		- 1	
✓ City of Laguna Beach						
. Type of Statement (Check at least one box	()			Processor and Associated Services	i tikk	
Annual: The period covered is January 1, 2019 December 31, 2019.	9, through		Leaving Office: Date Left//			
The period covered is/		, through	The period leaving officer -or-		pary 1, 2019, through the date of	
Assuming Office: Date assumed/	1		O The period covered is, through the date of leaving office.			
Candidate: Date of Election	and off	ice sought	if different than Part 1:_			
Schedule Summary (must complete)	► Total	number	of pages including	this cover p	age:	
Schedules attached						
Schedule A-1 - Investments - schedule attac					ss Positions - schedule attached	
<ul> <li>☐ Schedule A-2 - Investments - schedule attac</li> <li>☐ Schedule B - Real Property - schedule attac</li> </ul>			Schedule D - Income -		e attached Payments – schedule attached	
Schedule B - Real Property – schedule attack	nea		ochedule L - Income -	- Gills – Traver F	ayments – scriedule attached	
or- ☑ None - No reportable interests on a	nv schedu	le				
Verification						
MAILING ADDRESS STREET		CITY		STATE	ZIP CODE	
(Business or Agency Address Recommended - Public Document) 505 Forest Ave. Laguna Beach, CA,92651						
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS			
(949 ) 497-0310			ksnow@lagunabeachci	tunet		
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com	tatement. I I	nave review	ved this statement and to	the best of my k	nowledge the information contained	
I certify under penalty of perjury under the laws of					st.	
0.01.000			1	/ /		
Date Signed 8-31-2020		Si	gnature	~/d/	~~~	
(month, day, year)			File the or	iginally signed paper st	atement with your filing official.)	