

COVER PAGE

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A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vazquez-Avila Elizabeth

CITY CLERK'S OFFICE
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
Public Works Department
Your Position
Senior Public Works Analyst/Solid Waste Program

► 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.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ 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: 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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0344 lavila@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 3/2/20
(month, day, year)

Signature Elizabeth Vazquez-Avila
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Initial Filing Received
Filing Official Use Only

MAR 18 2020

COVER PAGE

A PUBLIC DOCUMENT

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BALMER - CSIRA NANCY ELLEN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF LAGUNA BEACH
Division, Board, Department, District, if applicable Your Position
COMMUNITY DEVELOPMENT ZONING ADMINISTRATOR

► 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
- Multi-County _____
- City of LAGUNA BEACH
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- or-
- The period covered is _____, through December 31, 2019.
- Assuming Office:** Date assumed 3/7/2010
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- 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

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income - Gifts** – schedule attached
- Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or- **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3131 BERN DR. LAGUNA BEACH CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0332 nesiv@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 3/18/2020 Signature Nancy E. Balmer
(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.

Name

BALMER-CSIRA

NAME OF BUSINESS ENTITY: SHAREHOLDER SERVICES
GENERAL DESCRIPTION OF THIS BUSINESS: INVESTMENT ACCTS
FAIR MARKET VALUE: \$100,001 - \$1,000,000
NATURE OF INVESTMENT: Stock
ACQUIRED: 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
ACQUIRED: 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
ACQUIRED: 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
ACQUIRED: 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
ACQUIRED: 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
ACQUIRED: 19

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

BALMER - CSIRA

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
641 - 042 - 42

CITY
LAGUNA BEACH

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

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

* You are not required to report loans from a commercial lending institution 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:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

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

Name
BALMER-CSIRA

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
NANCY BALMER-CSIRA, ARCHITECT

ADDRESS (Business Address Acceptable)
3131 BERN DR., LB 92651

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NONE

YOUR BUSINESS POSITION
ARCHITECT

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.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
RENTAL INCOME

ADDRESS (Business Address Acceptable)
3131 BERN DR., B, LB, CA 9263

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ADU RENTAL

YOUR BUSINESS POSITION
LESSOR

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.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address
HIGHEST BALANCE DURING REPORTING PERIOD		_____
<input type="checkbox"/> \$500 - \$1,000		City
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bates Mitcham Tiffany Ann

RECEIVED
MAR 17 2020
City Clerk's Office
City of Laguna Beach

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Laguna Beach

Division, Board, Department, District, if applicable

Administrative Services - Human Resources Division

Your Position

Human Resources/Risk Manager

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
Multi-County
City of Laguna Beach
Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
County of
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
Assuming Office: Date assumed
Candidate: Date of Election

4. Schedule Summary (must complete) Total number of pages including this cover page:

Schedules attached

- Schedule A-1 - Investments
Schedule A-2 - Investments
Schedule B - Real Property
Schedule C - Income, Loans, & Business Positions
Schedule D - Income - Gifts
Schedule E - Income - Gifts - Travel Payments

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0311 tbates@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 03/17/2020

Signature [Handwritten Signature]

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Filing Official Use Only

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A PUBLIC DOCUMENT

FEB 07 2020

City Clerk's Office
Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) E.
Beres, Jr. James

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
Police Department
Your Position
Civilian Services Administrator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: N/A Position: N/A

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- or-
- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
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- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 464-6669 jberes@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 2/7/2020
(month, day, year)

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

FEB 27 2020

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE) Office
Berry 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
Police Department
Your Position
Support Services Supervisor

► 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
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
-or-
The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____
(Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
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- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach Ca 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(714) 3238822 kberry@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 2/26/2020
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Initial Filing Received
Official Use Only
APR 10 2020

COVER PAGE

A PUBLIC DOCUMENT

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BOGLE DENNIS J

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF LAGUNA BEACH BUILDING OFFICIAL
Division, Board, Department, District, if applicable Your Position

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge 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, 2018, through December 31, 2018. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2018. The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- 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: 2

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

-or- None - No reportable interests on any schedule

5. Verification 505 FOREST AVE LAGUNA BEACH CA 92647

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

949 497-0336
DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS
dbogle@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 3-30-20
(month, day, year)

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CITY OF LAGUNA BEACH

ADDRESS (Business Address Acceptable)
505 FOREST AVE LAGUNA BCH

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
(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.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ORANGE COAST COLLEGE

ADDRESS (Business Address Acceptable)
2701 FAIRVIEW RD COSTA MESA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
COLLEGE INSTRUCTOR

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.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address _____
City _____

Guarantor _____

Other _____
(Describe)

Comments: _____

COVER PAGE

FEB 10 2020

A PUBLIC DOCUMENT

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
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 use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2019, through December 31, 2019. **Leaving Office:** Date Left ____/____/_____
(Check one circle.)
- or- The period covered is ____/____/_____, through The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/_____. **-or-** 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

- 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Ave Mission Viejo CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0738 vbolanis@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 2/10/20
(month, day, year)

Signature Vicki P. Bolanis
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

RECEIVED
FEB 19 2020
City Clerk's Office
City of Laguna Beach, CA

NAME OF FILER (LAST) Brown (FIRST) Wade (MIDDLE) _____

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
Public Works Your Position
Undergrounding Program Manager

► 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
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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.)
 - Assuming Office:** Date assumed ____/____/____
 - Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- or-*
- The period covered is ____/____/____, through December 31, 2019.
 - The period covered is January 1, 2019, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0360 wbrown@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 2/19/2020
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 Date Initial Filing Received
 Filing Official Use Only
JUN 15 2020

City Clerk's Office
 City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Burnham Robert Burnham

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Laguna Beach
 Division, Board, Department, District, if applicable
 City Manager
 Your Position
 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
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- or-
 The period covered is _____, through December 31, 2019.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

- or-
 None - No reportable interests on any schedule

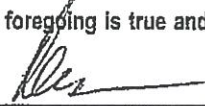
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 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 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 6/15/2020
 (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.

Do not attach brokerage or financial statements.



▶ NAME OF BUSINESS ENTITY
see attached

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

Filer's Verification

Print Name Robert H. Burnham

Office, Agency City of Laguna Beach
or Court _____

Statement Type 2019/2020 Annual Assuming Leaving
 _____ Annual Candidate
(if)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 6/15/2020
(month, day, year)

Filer's Signature

Comments: _____



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
197235340*

**TAX YEAR 2019
 YEAR-END SUMMARY**

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.
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 Date Prepared: February 21, 2020

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)

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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
ACTIVISION BLIZZARD	00507V109	200.00	10/25/19	11/12/19	10,392.64 \$	11,695.36 \$	1,302.72 \$	0.00
ACTIVISION BLIZZARD	00507V109	200.00	10/25/19	11/12/19	10,432.64 \$	11,093.66 \$	661.02 \$	0.00
ACTIVISION BLIZZARD	00507V109	100.00	10/25/19	11/18/19	5,275.31 \$	5,899.92 \$	-- \$	(624.61)
ACTIVISION BLIZZARD	00507V109	100.00	10/25/19	12/08/19	5,504.39 \$	5,899.92 \$	-- \$	(395.53)
Security Subtotal					31,604.98 \$	34,588.86 \$	1,963.74 \$	(1,020.14)
ADVANCED MICRO DEVIC	007903107	200.00	07/30/19	08/01/19	5,827.59 \$	6,779.95 \$	-- \$	(952.36)
Security Subtotal					5,827.59 \$	6,779.95 \$	-- \$	(952.36)
AMGEN INC.	031162100	50.00	12/26/18	03/07/19	9,106.86 \$	9,310.28 \$	-- \$	(203.42)
Security Subtotal					9,106.86 \$	9,310.28 \$	-- \$	(203.42)
APPLE INC	037833108	50.00	03/25/19	06/11/19	9,709.21 \$	9,397.48 \$	-- \$	311.73
Security Subtotal					9,709.21 \$	9,397.48 \$	-- \$	311.73
CITIGROUP INC	172967424	100.00	01/15/19	02/11/19	6,201.44 \$	6,146.08 \$	-- \$	55.36
CITIGROUP INC	172967424	100.00	01/15/19	03/07/19	6,150.78 \$	6,146.07 \$	-- \$	4.71
Security Subtotal					12,352.22 \$	12,292.15 \$	-- \$	60.07



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
~~49725310~~

**TAX YEAR 2019
 YEAR-END SUMMARY**

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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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
COMPAGNIE FINANCIERE R SPONSORED ADR	204319107	500.00	06/14/19	08/12/19	3,899.97 \$	3,447.45	-- \$	452.52
Security Subtotal					3,899.97 \$	3,447.45	-- \$	452.52
CVS HEALTH CORP	126550100	100.00	12/28/18	02/01/19	6,493.80 \$	6,513.38	-- \$	(19.58)
CVS HEALTH CORP	126650100	100.00	12/28/18	02/20/19	6,398.84 \$	6,513.37	-- \$	(114.53)
Security Subtotal					12,892.64 \$	13,026.75	-- \$	(134.11)
ENBRIDGE INC	F 29250N105	200.00	02/08/19	06/11/19	6,995.59 \$	7,244.23	-- \$	(248.64)
Security Subtotal					6,995.59 \$	7,244.23	-- \$	(248.64)
ENERGY SELECT SECTOR ETF	SPDR 81369Y506	100.00	12/28/18	04/23/19	6,825.28 \$	5,697.12	-- \$	1,128.16
ENERGY SELECT SECTOR ETF	SPDR 81369Y506	100.00	12/28/18	06/12/19	6,100.73 \$	5,697.11	-- \$	403.62
Security Subtotal					12,926.01 \$	11,394.23	-- \$	1,531.78
ENERGY TRANS 7.375% PFDPFD SER C DUE 12/31/99	29278N301	63.00	04/11/19	05/01/19	1,535.92 \$	1,615.40	79.48 \$	0.00
ENERGY TRANS 7.375% PFDPFD SER C DUE 12/31/99	29278N301	100.00	04/11/19	05/01/19	2,437.96 \$	2,564.13	126.17 \$	0.00
ENERGY TRANS 7.375% PFDPFD SER C DUE 12/31/99	29278N301	100.00	04/11/19	05/01/19	2,437.96 \$	2,630.61	121.37 \$	(71.28)
ENERGY TRANS 7.375% PFDPFD SER C DUE 12/31/99	29278N301	237.00	04/11/19	05/01/19	5,777.96 \$	5,935.52	157.56 \$	0.00
ENERGY TRANS 7.375% PFDPFD SER C DUE 12/31/99	29278N301	300.00	01/24/19	06/27/19	7,120.20 \$	7,123.35	-- \$	(3.15)



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
1092235310

**TAX YEAR 2019
 YEAR-END SUMMARY**

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 Date Prepared: February 21, 2020

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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
ENERGY TRANS 7.375% PFD PFD SER C DUE 12/31/99	29278N301	63.00	04/11/19	06/27/19	1,495.24 \$	1,657.27	— \$	(162.03)
ENERGY TRANS 7.375% PFD PFD SER C DUE 12/31/99	29278N301	137.00	04/11/19	06/27/19	3,251.56 \$	3,592.35	— \$	(340.79)
ENERGY TRANS 7.375% PFD PFD SER C DUE 12/31/99	29278N301	1,000.00	10/09/19	11/13/19	24,145.50 \$	24,442.00	— \$	(296.50)
Security Subtotal					48,202.30 \$	49,560.63 \$	484.58 \$	(873.75)
ENTRAVISION COMMUN A	CLASS 29382R107	100.00	11/05/18	01/23/19	363.27 \$	918.15 \$	554.88 \$	0.00
ENTRAVISION COMMUN A	CLASS 29382R107	100.00	11/18/18	01/23/19	363.27 \$	441.85	— \$	(78.58)
ENTRAVISION COMMUN A	CLASS 29382R107	800.00	11/30/18	01/23/19	2,906.16 \$	4,972.00	— \$	(2,065.84)
ENTRAVISION COMMUN A	CLASS 29382R107	100.00	11/05/18	03/07/19	379.75 \$	848.74	— \$	(468.99)
ENTRAVISION COMMUN A	CLASS 29382R107	200.00	11/09/18	03/07/19	759.50 \$	818.03	— \$	(58.53)
ENTRAVISION COMMUN A	CLASS 29382R107	600.00	11/09/18	03/07/19	2,272.49 \$	2,454.10	— \$	(181.61)
ENTRAVISION COMMUN A	CLASS 29382R107	100.00	11/25/18	03/07/19	378.75 \$	406.70	— \$	(27.95)
ENTRAVISION COMMUN A	CLASS 29382R107	1,000.00	12/28/18	03/07/19	3,787.47 \$	2,938.57	— \$	848.90
Security Subtotal					11,210.66 \$	13,798.14 \$	554.88 \$	(2,032.60)



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
~~197235310~~
 197235310

**TAX YEAR 2019
 YEAR-END SUMMARY**

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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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
Security Subtotal					5,344.99 \$	5,714.95	-- \$	(369.96)
FREEPORT-MCMORAN INC	35671D867	500.00	07/01/19	08/01/19	5,344.99 \$	5,714.95	-- \$	(369.96)
Security Subtotal					5,344.99 \$	5,714.95	-- \$	(369.96)
H & E EQUIPMENT SERV	404030108	250.00	12/26/18	01/23/19	6,232.97 \$	4,919.55	-- \$	1,313.42
H & E EQUIPMENT SERV	404030108	200.00	03/21/19	06/11/19	5,338.54 \$	5,238.36	-- \$	100.18
H & E EQUIPMENT SERV	404030108	50.00	12/26/18	08/01/19	1,451.57 \$	983.91	-- \$	467.66
H & E EQUIPMENT SERV	404030108	50.00	03/21/19	08/01/19	1,451.58 \$	1,309.59	-- \$	141.99
Security Subtotal					14,474.66 \$	12,451.41	-- \$	2,023.25
ISHARES 20 PLS YEAR BND ETF	464287432	100.00	01/03/19	02/01/19	12,093.25 \$	12,354.93	261.68 \$	0.00
ISHARES 20 PLS YEAR BND ETF	464287432	50.00	01/03/19	02/21/19	6,042.54 \$	6,168.40	-- \$	(125.86)
ISHARES 20 PLS YEAR BND ETF	464287432	50.00	01/03/19	02/21/19	6,042.55 \$	6,177.47	134.92 \$	0.00
ISHARES 20 PLS YEAR BND ETF	464287432	100.00	03/25/19	04/03/19	12,355.20 \$	12,557.99	-- \$	(202.79)
ISHARES 20 PLS YEAR BND ETF	464287432	100.00	03/25/19	04/12/19	12,267.25 \$	12,557.99	-- \$	(290.74)
ISHARES 20 PLS YEAR BND ETF	464287432	70.00	05/31/19	06/12/19	9,128.75 \$	9,164.40	-- \$	(35.65)
ISHARES 20 PLS YEAR BND ETF	464287432	50.00	01/03/19	09/10/19	7,100.70 \$	6,172.48	-- \$	928.22
ISHARES 20 PLS YEAR BND ETF	464287432	50.00	01/03/19	09/13/19	6,861.55 \$	6,168.40	-- \$	693.15
ISHARES 20 PLS YEAR BND ETF	464287432	50.00	01/28/19	10/15/19	6,996.25 \$	6,037.55	-- \$	958.70



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
49725319

**TAX YEAR 2019
 YEAR-END SUMMARY**

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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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)(-)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
ISHARES 20 PLS YEAR BND ETF	TREASURY 464287432	50.00	11/15/18	11/05/19	6,841.05	5,717.58	—	1,123.47
ISHARES 20 PLS YEAR BND ETF	TREASURY 464287432	100.00	11/20/19	12/16/19	13,763.07	14,053.63	—	(290.56)
Security Subtotal					99,492.16	97,130.82	396.60	2,757.94
JPMORGAN CHAS 5.45% PFD**CALLED**	466376124	500.00	01/24/19	02/01/19	12,474.89	12,439.95	—	34.94
Security Subtotal					12,474.89	12,439.95	—	34.94
NUVEEN MUNI HIGH INC OPP Security Subtotal	670692103	1,000.00	09/16/18	09/13/19	13,717.87	12,774.71	—	943.16
Security Subtotal					13,717.87	12,774.71	—	943.16
OCCIDENTAL PETROL CO Security Subtotal	674599105	200.00	04/12/19	04/23/19	12,362.19	13,053.95	—	(691.76)
Security Subtotal					12,362.19	13,053.95	—	(691.76)
Pfizer Inc Security Subtotal	717081103	100.00	01/10/19	02/11/19	4,160.44	4,247.78	—	(87.34)
Pfizer Inc Security Subtotal	717081103	100.00	01/10/19	04/17/19	3,999.58	4,247.77	—	(248.19)
Security Subtotal					8,160.02	8,495.55	—	(335.53)
PGIM FLOATING RATE INCM Z Security Subtotal	74439V800	5,181.34	01/09/19	08/12/19	49,792.74	50,000.00	—	(207.26)
Security Subtotal					49,792.74	50,000.00	—	(207.26)
PIONEER MUNICIPAL HIGH I Security Subtotal	723763108	353.00	03/07/19	09/13/19	4,257.52	4,166.28	—	91.24
PIONEER MUNICIPAL HIGH I Security Subtotal	723763108	426.00	03/07/19	09/13/19	5,137.98	5,015.03	—	122.95



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
 497225310

**TAX YEAR 2019
 YEAR-END SUMMARY**

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

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Date Prepared: February 21, 2020

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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
Security Subtotal					\$ 24,121.95	\$ 23,555.50		\$ 566.45
PIONEER MUNICIPAL HIGH I	723763108	1,221.00	03/07/19	09/13/19	14,726.45	14,374.19		352.26
PROSHARES SHORT S&P500	74347B425	1,000.00	01/03/19	01/04/19	31,397.94	32,137.56		(739.62)
PROSHARES SHORT S&P500	74347B425	1,000.00	01/03/19	01/04/19	31,538.14	32,001.75		0.00
PROSHARES SHORT S&P500	74347B425	500.00	03/08/19	03/12/19	14,052.37	14,414.98		(362.61)
PROSHARES SHORT S&P500	74347B425	500.00	03/08/19	03/18/19	13,881.42	14,414.97		(533.55)
PROSHARES SHORT S&P500	74347B425	500.00	05/09/19	05/09/19	13,696.87	13,812.45		(115.58)
PROSHARES SHORT S&P500	74347B425	600.00	08/02/19	08/02/19	16,028.52	16,074.71		(46.19)
PROSHARES SHORT S&P500	74347B425	100.00	08/01/19	10/15/19	2,590.35	2,659.69		(69.34)
PROSHARES SHORT S&P500	74347B425	200.00	08/02/19	10/15/19	5,180.69	5,358.24		(177.55)
PROSHARES SHORT S&P500	74347B425	400.00	08/01/19	11/05/19	10,100.55	10,638.75		0.00
PROSHARES SHORT S&P500	74347B425	400.00	08/29/19	12/03/19	10,072.95	10,644.88		(571.93)
PROSHARES SHORT S&P500	74347B425	350.00	12/03/19	12/03/19	8,813.84	8,843.35		(29.51)
Security Subtotal					\$ 157,353.64	\$ 161,001.33	\$ 1,040.30	(2,607.39)
PROSHARES ULTRAPRO SHXXXREVERSE SPLIT	74348A160	100.00	01/03/19	01/04/19	1,698.29	1,764.17		0.00
PROSHARES ULTRAPRO SHXXXREVERSE SPLIT	74348A160	400.00	01/03/19	01/04/19	6,793.35	7,056.66		0.00
PROSHARES ULTRAPRO SHXXXREVERSE SPLIT	74348A160	500.00	01/03/19	01/04/19	8,416.29	8,820.82		(404.53)
PROSHARES ULTRAPRO SHXXXREVERSE SPLIT	74348A160	250.00	01/22/19	01/30/19	3,410.04	3,768.80		(358.76)
PROSHARES ULTRAPRO SHXXXREVERSE SPLIT	74348A160	250.00	01/22/19	02/01/19	3,121.24	3,768.74		(647.50)



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
1972553410

**TAX YEAR 2019
 YEAR-END SUMMARY**

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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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	400.00	02/21/19	03/07/19	14,096.35 \$	14,177.63 \$	81.28 \$	0.00
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	250.00	03/20/19	04/24/19	8,445.81 \$	8,463.85	— \$	(18.04)
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	150.00	03/20/19	05/01/19	4,988.95 \$	5,078.31	— \$	(89.36)
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	100.00	04/03/19	05/01/19	3,325.96 \$	3,365.22	— \$	(39.26)
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	500.00	06/21/19	06/27/19	14,449.80 \$	14,760.88	— \$	(311.08)
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	500.00	06/21/19	08/12/19	12,439.84 \$	14,760.87 \$	2,321.03 \$	0.00
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	200.00	07/21/19	09/18/19	5,086.96 \$	6,007.06	— \$	(920.10)
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	300.00	07/21/19	10/04/19	7,034.18 \$	9,010.60	— \$	(1,976.42)
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	100.00	09/11/19	10/04/19	2,344.72 \$	2,539.32	— \$	(194.60)
PROSHARES ULTRASHT 20 PLSYR TRSY ETF	74347B201	200.00	11/12/19	12/03/19	4,919.92 \$	5,427.34 \$	507.42 \$	0.00
Security Subtotal					77,132.49 \$	83,591.08 \$	2,909.73 \$	(3,548.86)
SALESFORCE COM	79466L302	25.00	12/28/18	03/04/19	3,941.80 \$	3,389.88	— \$	551.92



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
897255340

**TAX YEAR 2019
 YEAR-END SUMMARY**

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 Date Prepared: February 21, 2020

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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
SALESFORCE COM	79466L302	25.00	12/28/18	03/08/19	\$ 3,808.75	\$ 3,389.88	—	\$ 418.87
Security Subtotal					\$ 7,750.55	\$ 6,779.76	—	\$ 970.79
SCHWAB EMERGING MARKETS EQUITY ETF	808524706	200.00	12/16/18	06/11/19	\$ 5,146.89	\$ 4,826.04	—	\$ 320.85
SCHWAB EMERGING MARKETS EQUITY ETF	808524706	300.00	12/19/18	06/13/19	\$ 7,646.87	\$ 7,163.19	—	\$ 483.68
Security Subtotal					\$ 12,793.76	\$ 11,989.23	—	\$ 804.53
SCHWAB INTERMEDIATE TERM US TRS ETF	808524854	500.00	12/28/18	04/12/19	\$ 26,659.50	\$ 26,371.15	—	\$ 288.35
Security Subtotal					\$ 26,659.50	\$ 26,371.15	—	\$ 288.35
SCHWAB SHORT TERM US TREASURY ETF	808524862	500.00	12/28/18	03/07/19	\$ 24,957.07	\$ 24,916.15	—	\$ 40.92
SCHWAB SHORT TERM US TREASURY ETF	808524862	500.00	02/27/19	03/07/19	\$ 24,957.08	\$ 24,983.40	—	\$ (26.32)
SCHWAB SHORT TERM US TREASURY ETF	808524862	500.00	10/04/19	12/11/19	\$ 25,226.98	\$ 25,348.30	—	\$ (121.32)
SCHWAB SHORT TERM US TREASURY ETF	808524862	500.00	10/04/19	12/20/19	\$ 25,201.13	\$ 25,348.30	—	\$ (147.17)
Security Subtotal					\$ 100,342.26	\$ 100,596.15	—	\$ (253.89)
SCHWAB US BROAD MARKET ETF	808524102	300.00	02/15/18	01/03/19	\$ 17,618.80	\$ 18,532.43	—	\$ (913.63)
SCHWAB US BROAD MARKET ETF	808524102	100.00	12/03/18	01/03/19	\$ 5,872.93	\$ 6,110.13	\$ 237.20	\$ 0.00
SCHWAB US BROAD MARKET ETF	808524102	200.00	05/10/19	06/27/19	\$ 14,012.39	\$ 13,641.00	—	\$ 371.39



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
197255310

**TAX YEAR 2019
 YEAR-END SUMMARY**

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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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(-)Realized Gain or (Loss)
SCHWAB US BROAD MARKET ETF	808524102	100.00	05/10/19	08/12/19	6,903.87 \$	6,820.50	--	83.37
Security Subtotal					44,407.99 \$	45,104.06 \$	237.20	(458.87)
SCHWAB US DIVIDEND ETF	808524797	100.00	03/31/18	02/11/19	5,021.43 \$	5,286.30	--	(264.87)
SCHWAB US DIVIDEND ETF	808524797	100.00	12/05/18	02/11/19	5,021.42 \$	5,014.28	--	7.14
SCHWAB US DIVIDEND ETF	808524797	100.00	12/05/18	04/12/19	5,353.99 \$	5,014.28	--	339.71
SCHWAB US DIVIDEND ETF	808524797	200.00	05/10/19	07/01/19	10,747.98 \$	10,401.14	--	346.84
SCHWAB US DIVIDEND ETF	808524797	100.00	05/10/19	08/12/19	5,166.90 \$	5,200.57	--	(33.67)
Security Subtotal					31,311.72 \$	30,916.57	--	395.15
SCHWAB US TIPS ETF	808524870	79.00	05/10/19	06/11/19	4,406.13 \$	4,351.32	--	54.81
SCHWAB US TIPS ETF	808524870	171.00	05/10/19	06/11/19	9,537.33 \$	9,418.15	--	119.18
SCHWAB US TIPS ETF	808524870	250.00	06/19/19	06/21/19	14,057.24 \$	13,942.48	--	114.76
Security Subtotal					28,000.70 \$	27,711.95	--	288.75
STRATASYS LTD	M85548101	500.00	03/07/19	03/25/19	11,520.90 \$	11,669.95	--	(149.05)
STRATASYS LTD	M85548101	100.00	01/15/19	07/10/19	2,847.39 \$	2,076.49	--	770.90
STRATASYS LTD	M85548101	100.00	01/15/19	08/01/19	2,526.87 \$	2,076.29	--	450.58
STRATASYS LTD	M85548101	100.00	01/15/19	08/01/19	2,527.47 \$	2,076.29	--	451.18



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
43725310

**TAX YEAR 2019
 YEAR-END SUMMARY**

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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.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
STRATASYS LTD	F M85548101	200.00	01/15/19	08/01/19	\$ 5,040.35	4,152.98	--	\$ 887.37
Security Subtotal					\$ 24,462.98	22,052.00	--	\$ 2,410.98
UNITEDHEALTH GRP INC	91324P102	25.00	12/28/18	02/11/19	\$ 6,465.45	6,178.60	--	\$ 286.85
UNITEDHEALTH GRP INC	91324P102	25.00	12/28/18	02/27/19	\$ 6,261.27	6,178.60	--	\$ 82.67
Security Subtotal					\$ 12,726.72	12,357.20	--	\$ 369.52
VIACOM INC MERGER	XXXMANDATORY 92553P201	100.00	07/30/19	08/12/19	\$ 2,845.69	3,099.27	--	\$ (253.58)
VIACOM INC MERGER	XXXMANDATORY 92553P201	200.00	07/30/19	09/19/19	\$ 5,027.79	6,198.54	--	\$ (1,170.75)
Security Subtotal					\$ 7,873.48	9,297.81	--	\$ (1,424.33)
VIACOMCBS INC B	CLASS 92556H206	0.87	11/19/19	12/06/19	\$ 34.57	34.66	--	\$ (0.09)
VIACOMCBS INC B	CLASS 92556H206	178.00	11/19/19	12/12/19	\$ 6,701.56	7,050.05	--	\$ (348.49)
Security Subtotal					\$ 6,736.13	7,084.71	--	\$ (348.58)
WALT DISNEY CO Security Subtotal	254687106	50.00	12/28/18	02/11/19	\$ 5,471.34	5,178.76	--	\$ 292.58
WALTER DISNEY CO Security Subtotal	962166104	200.00	12/28/18	04/17/19	\$ 5,219.18	4,353.12	--	\$ 866.06
WEYERHAEUSER CO Security Subtotal	REIT 962166104	100.00	12/28/18	06/11/19	\$ 2,432.50	2,176.56	--	\$ 255.94
Security Subtotal					\$ 7,651.68	6,529.68	--	\$ 1,122.00



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
497293310

**TAX YEAR 2019
 YEAR-END SUMMARY**

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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 1, with Box A checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
XTRACKERS HARVEST CSI 300 CHINA A-SH	233051879	250.00	05/10/19	06/11/19	6,746.11 \$	6,666.70	-- \$	79.41
XTRACKERS HARVEST CSI 300 CHINA A-SH	233051879	250.00	06/21/19	07/01/19	7,285.70 \$	7,022.30	-- \$	263.40
XTRACKERS HARVEST CSI 300 CHINA A-SH	233051879	250.00	06/21/19	07/03/19	7,147.40 \$	7,022.30	-- \$	125.10
XTRACKERS HARVEST CSI 300 CHINA A-SH	233051879	250.00	05/10/19	07/10/19	6,979.89 \$	6,666.70	-- \$	313.19
Security Subtotal					28,159.10 \$	27,378.00	-- \$	781.10
Total Short-Term (Cost basis is reported to the IRS)					1,016,303.61 \$	1,025,227.37 \$	7,916.22 \$	(1,007.54)

Short-Term Realized Gain or (Loss)

This section is for noncovered securities and corresponds to transactions reported on your 1099B as "cost basis is available but not reported to the IRS." Report on Form 8949, Part 1, with Box B checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized 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					4,671.55 \$	3,232.75	-- \$	1,438.80
BLACKSTONE GROUP L P XXXXNAME CHANGE	09263U108	50.00	06/28/18	06/11/19	2,143.42 \$	1,688.29	-- \$	455.13



Schwab One® Account of
**ROBERT H BURNHAM &
 KATHLEEN A BURNHAM JT TEN**

Account Number
1972-5310

**TAX YEAR 2019
 YEAR-END SUMMARY**

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

This section is for noncovered securities and corresponds to transactions reported on your 1099B as "cost basis is available but not reported to the IRS." Report on Form 8949, Part 1, with Box B checked.

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

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1211 Starlit Drive

CITY
Laguna Beach, CA 92651

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 19 DISPOSED / / 19

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 19 DISPOSED / / 19

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

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

* You are not required to report loans from a commercial lending institution 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:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____

_____ % None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, If applicable

Filer's Verification

Print Name Robert H. Burnham

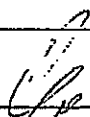
Office, Agency City of Laguna Beach
 or Court _____

Statement Type 2019/2020 Annual Assuming Leaving
 _____ Annual Candidate
 (yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____ 6/15/2020
 (month, day, year)

Filer's Signature 

Comments: _____

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

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Collaborative Courts Foundation

ADDRESS (Business Address Acceptable)
P.O. Box 633, Laguna Beach, CA 92652

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit

YOUR BUSINESS POSITION
Spouse is Executive Director

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.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Weintraub Tobin LLP

ADDRESS (Business Address Acceptable)
23 Corporate Plaza Dr., Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

YOUR BUSINESS POSITION
Project Manager

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.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other Compensation for work performed for client
(Describe)

Comments: _____

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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:

NAME OF LENDER* _____	INTEREST RATE _____%	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	<input type="checkbox"/> None	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	Street address _____
<input type="checkbox"/> \$1,001 - \$10,000		City _____
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Filer's Verification

Print Name Robert H. Burnham Office, Agency or Court City of Laguna Beach

Statement Type 2019/2020 Annual _____ Annual Assuming Leaving Candidate
(yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 6/15/2020 Filer's Signature [Signature]
(month, day, year)

COVER PAGE

A PUBLIC DOCUMENT

MAR 09 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Calvert Jeffrey C City Clerk's Office
City of Laguna Beach, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Laguna Beach Police

Division, Board, Department, District, if applicable

Department

Your Position

Captain

► 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.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- 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

- 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Ave Laguna Beach Ca 92652
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0375 jcalvert@lagunabeachcity.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/26/2020
(month, day, year)

Signature _____
(File the original signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chel-Walker Lisette Francina

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Laguna Beach

Division, Board, Department, District, if applicable

Your Position

City Clerk

► 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
- Multi-County _____
- City of **Laguna Beach**
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- or-
- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0309 LcheL@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 **04-01-2020**
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Chel-Walker

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
39 Palm Beach Court

CITY
Dana Point

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 09/15/18 / ____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 ____/____/19 ____/____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

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

* You are not required to report loans from a commercial lending institution 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:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name

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)
<u>07 22 19</u> ____/____/____	<u>255</u> \$ _____	<u>3 Pageant tkts \$85- ea</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)*

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)*

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)*

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)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

MAR 17 2020

Please type or print in ink.

NAME OF FILER (LAST) Carona (FIRST) Ross (MIDDLE) City Clerk's Office
City of Laguna Beach, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Laguna
Division, Board, Department, District, if applicable

Your Position

Code Enforcement Officer

► 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
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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.)
- or-** The period covered is ____/____/____, through December 31, 2019.
- The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____
- or-** 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

- 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Ave. Laguna Beach CA 92651

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0333

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 3/17/20
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

RECEIVED Received
Filing Official Use Only

JUN 16 2020

Please type or print in ink.

City Clerk's Office
City of Laguna Beach, CA

NAME OF FILER (LAST) (FIRST)
Drapkin Scott

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)
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.
-or-
The period covered is _____, through December 31, 2019.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92630
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
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dupuis Shohreh

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Laguna Beach

Division, Board, Department, District, if applicable

Assistant City Manager
Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of 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.)
- or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. -or- 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

- 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0351

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/21/2020
(month, day, year)

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Shohreh Dupuis</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <hr/>	NAME OF SOURCE OF INCOME <hr/>
ADDRESS (Business Address Acceptable) <hr/>	ADDRESS (Business Address Acceptable) <hr/>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr/>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr/>
YOUR BUSINESS POSITION <hr/>	YOUR BUSINESS POSITION <hr/>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)	<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ (Describe)	_____ (Describe)
<input type="checkbox"/> Other _____ (Describe)	<input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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:

NAME OF LENDER* <u>City of Laguna Beach</u>	INTEREST RATE <u>2-4</u> % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) <u>505 Forest Avenue, Laguna Beach, CA 92651</u>	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input checked="" type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____ Street address	
<input type="checkbox"/> \$500 - \$1,000	_____ City	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____ (Describe)	
<input checked="" type="checkbox"/> OVER \$100,000		

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
Date Initial Filing Received
Filing Official Use Only

MAY 15 2020

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Farinella Laura Kay

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
Police Department
Your Position
Chief of Police
► 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.
-or- The period covered is ____/____/____, through December 31, 2019.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left 09 / 04 / 20 (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total 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

-or- None - No reportable interests on any schedule


5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Ave., Laguna Beach, CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0385 Ifarinella@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 06/15/2020
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

FEB 10 2020

Please type or print in ink.

NAME OF FILER (LAST) Garcia (FIRST) Michael C. City Clerk's Office 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

Fire Department

Your Position

Fire Chief

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, Multi-County, City of Laguna Beach, Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction), County of, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019. -or- The period covered is January 01, 2020, through December 31, 2019. Assuming Office: Date assumed January 31, 2020. Leaving Office: Date Left. The period covered is January 1, 2019, through the date of leaving office. -or- 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: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached, Schedule A-2 - Investments - schedule attached, Schedule B - Real Property - schedule attached, Schedule C - Income, Loans, & Business Positions - schedule attached, Schedule D - Income - Gifts - schedule attached, Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE City of Laguna Beach, Fire Department Laguna Beach CA 92651 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (949) 497-0700 Mgarcia@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 February 7, 2020 (month, day, year)

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

COVER PAGE

FEB 19 2020

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Irish Lillian B.
City Clerk's Office
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

Community Development- Code Enforcement Division

Your Position

Code Enforcement Supervisor

► 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.)
- or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. -or- 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

- 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

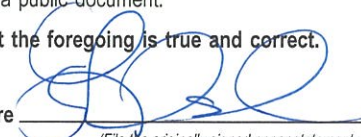
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Av. Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0757 lrish@lagunabeachcity.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/18/20
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
RECEIVED
Filing Official Use Only

JUN 16 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
JAFARI REZA City Clerk's Office
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
Public Works Department
Your Position
Deputy Director of Public Works

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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 January 1, 2019, through the date of leaving office.
- Assuming Office:** Date assumed 02 / 10 / 2020
- 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: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- None - No reportable interests on any schedule

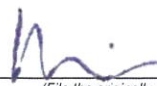
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue, Laguna Beach, CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0735 rjafari@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 June 15, 2020
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
RECEIVED
Filing Official Use Only

JUN 16 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Johnson Hannah Rose City Clerk's Office
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

Water Quality Department Project Manager

► 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.
- or-
- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

505 Forest Ave, Laguna Beach CA 92651

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(949) 464-6615 hjohnson@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 6/16/20
(month, day, year)

Signature Johnson, Hannah
Digitally signed by Johnson, Hannah
Date: 2020.06.16 10:53:51 -07'00'
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

FEB 06 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Johnson Rachel City Clerk's Office
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 Police Captain

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 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, 2018, through December 31, 2018.
-or- The period covered is ____/____/____, through December 31, 2018.
 Assuming Office: Date assumed 02 / 03 / 2020
 Leaving Office: Date Left ____/____/____ (Check one circle.)
○ The period covered is January 1, 2018, through the date of leaving office.
-or-
○ 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

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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0345 rjohnson@lagunabeachcity.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/03/2020 Signature _____
(month, day, year) (File the originally signed paper statement with your filing official.)

COVER PAGE

MAR 11 2020

A PUBLIC DOCUMENT

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
KARAGUEZIAN LORI

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF LAGUNA BEACH
Division, Board, Department, District, if applicable
PUBLIC WORKS
Your Position
ANALYST

► 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
- Multi-County _____
- City of LAGUNA BEACH
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- or-
The period covered is _____, through December 31, 2019.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 FOREST AVE. LAGUNA BEACH CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(714) 497-0740 LORIE@KARAGUEZIAN@LAGUNABEACHCITY.ORG

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 3/5/20
(month, day, year)

Signature [Signature]
File the originally signed paper statement with your filing official.)

JAN 16 2020

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kim So Jung
rk's Office
Beach, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Laguna Beach

Division, Board, Department, District, if applicable

Community Development Department

Your Position

Senior Principal Planner

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
Multi-County
City of Laguna Beach
Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
County of
Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2020, through December 31, 2020.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election

4. Schedule Summary (must complete) Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments
Schedule A-2 - Investments
Schedule B - Real Property
Schedule C - Income, Loans, & Business Positions
Schedule D - Income - Gifts
Schedule E - Income - Gifts - Travel Payments

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0736 skim@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 1-16-2020 Signature
(month, day, year) (File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

RECEIVED Date Initial Filing Received Filing Official Use Only

FEB 11 2020

COVER PAGE

A PUBLIC DOCUMENT

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Kleiser Timothy Craig

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Laguna Beach Police Department

Division, Board, Department, District, if applicable

Field Services

Your Position

Lieutenant

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, Multi-County, City of Laguna Beach, Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction), County of, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019. -or- The period covered is 02/28/2017 through December 31, 2019. Assuming Office: Date assumed 02/28/2017. Leaving Office: Date Left. The period covered is January 1, 2019, through the date of leaving office. -or- 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

- Schedule A-1 - Investments - schedule attached, Schedule A-2 - Investments - schedule attached, Schedule B - Real Property - schedule attached, Schedule C - Income, Loans, & Business Positions - schedule attached, Schedule D - Income - Gifts - schedule attached, Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 505 Forest Ave Laguna Beach CA 92651 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (949) 464-6655 tkleiser@lagunabeachcity.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/10/2020 (month, day, year)

Signature [Handwritten Signature] (File the originally signed paper statement with your filing official.)

COVER PAGE

MAR 24 2020

A PUBLIC DOCUMENT

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Koch Robert A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
Your Position
Project Manager

► 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
- Multi-County _____
- City of Laguan Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- or-
- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Ave Laguna Beach CA 92651

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949)497-0340 rkoch@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 2-10-20
(month, day, year)

Signature Robert A. Koch
(File the originally signed paper statement with your filing official.)

COVER PAGE

FEB 10 2020

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kravetz Jason Charles

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Laguna Beach Police Department

Division, Board, Department, District, if applicable

Police

Your Position

Police Captain

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
Multi-County
City of City Of Laguna Beach
Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
County of
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
Assuming Office: Date assumed
Candidate: Date of Election

4. Schedule Summary (must complete) Total number of pages including this cover page: 0

Schedules attached

- Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
14 63rd Place Long Beach CA 90803
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(562) 301-1901 jkravetz@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 0110/2020

Signature [Handwritten Signature]

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.

Name

JASON KRAUER

NAME OF BUSINESS ENTITY: RJB LLC
GENERAL DESCRIPTION OF THIS BUSINESS: PROPERTY MGMT.
FAIR MARKET VALUE: Over \$1,000,000
NATURE OF INVESTMENT: Partnership
Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE: UNK 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: / / 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: / / 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: / / 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: / / 19

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: / / 19

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name JASON C. - KRAVETZ
 Address (Business Address Acceptable) 14 63RD PLACE LONG BEACH, CA 90803
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 19 / / 19
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below
RENTAL FROM UNIT
14 1/2 63RD ST.

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
JASON C. KRAVETZ TRUST & BOB MARTIN TRUST

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 19 / / 19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name RTB INV. LLC
 Address (Business Address Acceptable) 212 E. 8TH ST. UPLAND, CA
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
OWNERSHIP OF FOUR PLEX

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 19 / / 19
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION 1/3 OWNER W/ BOB MARTIN & BRANDO RUBIN

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below
RENT FROM: APT A
APT B
APT C
APT C

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
RTB INV. LLC

Description of Business Activity or City or Other Precise Location of Real Property
212 E. 8TH ST. UPLAND, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 19 / / 19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 CITY: 292 Hickory Loop Whitefish
 FAIR MARKET VALUE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: Montana
 ACQUIRED: / 19 / DISPOSED: / 19 /
 NATURE OF INTEREST:
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____
 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
N/A

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 CITY: 3169 YERMO DR. N
 FAIR MARKET VALUE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: Palm
 ACQUIRED: / 19 / DISPOSED: / 19 /
 NATURE OF INTEREST:
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____
 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
N/A

* You are not required to report loans from a commercial lending institution 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:

NAME OF LENDER*: United Wholesale Mortgage
 ADDRESS (Business Address Acceptable): _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER: _____
 INTEREST RATE: 3.75% None
 TERM (Months/Years): 30 YRS
 HIGHEST BALANCE DURING REPORTING PERIOD:
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*: MR Cooper
 ADDRESS (Business Address Acceptable): _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER: _____
 INTEREST RATE: 3.75% None
 TERM (Months/Years): 30 YRS
 HIGHEST BALANCE DURING REPORTING PERIOD:
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

COVER PAGE

RECEIVED

A PUBLIC DOCUMENT

Please type or print in ink.

FEB 12 2020

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LITSCHI MICHAEL A City Clerk's Office
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
PUBLIC WORKS DEPUTY DIRECTOR, PUBLIC WORKS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge, 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.
-or- The period covered is 12 / 3 / 2019, through December 31, 2019.
 Assuming Office: Date assumed 12 / 3 / 2019
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or-
 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

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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 FOREST AVENUE LAGUNA BEACH CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0303 MLITSCHI@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 2/12/2020
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
RECEIVED
(Filing Official Use Only)

JUN 15 2020

Please type or print in ink.

NAME OF FILER (LAST) Lynn (FIRST) John (MIDDLE) City Clerk
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 Building Inspector
Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- or-
- The period covered is _____, through December 31, 2019.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
26851 Avenida Las Palmas Capistrano Beach CA 92624

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 441-9769

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 [Signature]
(month, day/year) (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

RECEIVED
Date Initial Filing Received
Filing Official Use Only

JUN 16 2020

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McDonald Joshua Dean

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 Associate Civil Engineer

► 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.
- or- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election ____/____/____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue, Laguna Beach, CA 92651

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0728 jmcDonald@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 6/15/20
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date Initial Filing Received
Filing Official Use Only
MAR 03 2020

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McIntosh Victoria Hall

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable Your Position
Deputy Treasurer

► 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 ____/____/_____
-or- (Check one circle.)
The period covered is ____/____/_____, through The period covered is January 1, 2019, through the date of leaving office.
-or-
 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: 3
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
-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
607 Short Street Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 702-3501 vicki@vmcintoshcpa.com

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 3/2/2020
(month, day, year)

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

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name
Victoria McIntosh

1. BUSINESS ENTITY OR TRUST

Victoria McIntosh, CPA
Name
607 Short Street
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Consulting

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u>01/01/19</u>	<u>12/31/19</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Owner

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u> / /19</u>	<u> / /19</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

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:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> / /19</u>	<u> / /19</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> / /19</u>	<u> / /19</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

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 destination.

▶ NAME OF SOURCE (Not an Acronym)
Festival of the Arts

ADDRESS (Business Address Acceptable)
650 Laguna Canyon Road

CITY AND STATE
Laguna Beach, CA 92651

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 08 / 11 / 19 - 08 / 11 / 19 AMT: \$ 400.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description
Tickets to Pageant of the Masters

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

Date Filed: **MAR 03 2020** Received
City Clerk's Office

COVER PAGE

City Clerk's Office
City of Laguna Beach, CA

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mehranpour M Reza

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 Plan Checker

► 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.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- 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

- 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Ave. Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0335 rmehranpour@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 03/03/2020
(month, day, year)

Signature M.R. Mehranpour
(File the originally signed paper statement with your filing official.)

COVER PAGE

MAR 09 2020

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) J
Oxford Matthew City Clerk (Middle Office)
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
Engineering Division, Public Works Department Project Manager

► 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.)
- or- The period covered is 11 / 18 / 2019, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- 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: 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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949)497-0792 moxford@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 2/27/2020
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

JAN 30 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Parisi Laura Marie
City Clerk's Office
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
City Treasurer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: County of Orange Position: Member Treasury Oversight Committee

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of Orange
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
-or- The period covered is 1 / 1 / 2019, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
○ The period covered is January 1, 2019, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949)497-0327 lparisi@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 1/30/20
(month, day, year)

Signature Laura Parisi
(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 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Laura Marie Paris

▶ NAME OF BUSINESS ENTITY
Verizon Communications

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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 Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Frontier Communications

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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 Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 1 / 4 / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Pfizer Incorporated

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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 Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ATT

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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 Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 1 / 4 / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Laura Marie Parisi

▶ 1. BUSINESS ENTITY OR TRUST

Name
Laura M. Parisi Family Trust

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/19 _____/_____/19

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

▶ 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

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/19 _____/_____/19

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/19 _____/_____/19

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/19 _____/_____/19

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Laura Marie Parisi

▶ NAME OF SOURCE *(Not an Acronym)*
 League of California Cities

ADDRESS *(Business Address Acceptable)*
 1400 K Street, Suite 400; Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Member Revenue & Taxation Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 18 / 19	\$ 50.	Working box lunch
3 / 29 / 19	\$ 50	Working box lunch
___ / ___ / ___	\$ _____	_____

▶ 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)*

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)*

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)*

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)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

COVER PAGE

MAR 09 2020

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) City Clerk's Office
Pechous James Edward 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
Community Development Department Assistant Director of Community Development

► 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 ____/____/_____
-or- (Check one circle.)
The period covered is ____/____/_____, through The period covered is January 1, 2019, through the date of leaving office.
 Assuming Office: Date assumed ____/____/_____. -or- 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

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**

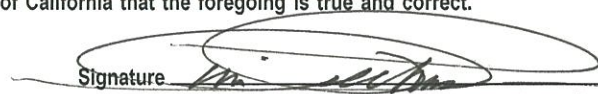
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
Laguna Beach CA 92673
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0320 pechousart@cox.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/27/20
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

FEB 10 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Perez Thomas Edward
City Clerk's Office
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
Public Works
Your Position
Project Director

► 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.
-or-
The period covered is _____, through December 31, 2019.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total 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

-or- None - No reportable interests on any schedule

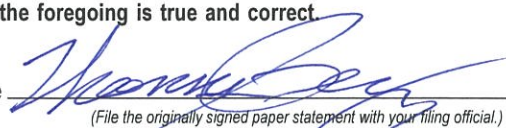
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 464-6688 tperez@cityoflagunabeach.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct

Date Signed 02/08/2020
(month, day, year)

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

MAR 17 2020

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
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 not use acronyms)

Agency: South Orange County Wastewater Authority Position: Alternate Board Director

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.)
- or- The period covered is ____/____/____, through The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- 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

- 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0704 jpietig@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 03/16/2020
(month, day, year)

Signature John Pietig
(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.

Name
John Pietig

<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/yyyy) ACQUIRED DISPOSED
FIDELITY GOVT MGMT 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 petroleum products	\$10,001 - \$100,000	Stock	
WALGREENS BOOTS ALLIANCE INC COM	Pharmaceuticals and various retail	\$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)

700

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Name

John Pietig

<BLUE> is a required field

* Select from drop down list

**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								
NAME AND ADDRESS OF SOURCE	BUSINESS ACTIVITY, IF ANY	YOUR BUSINESS POSITION	GROSS INCOME RECEIVED*	CONSIDERATION FOR WHICH INCOME WAS RECEIVED* (if "other," describe)	NAME AND ADDRESS OF LENDER** (Business Address Acceptable) AND GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	HIGHEST BALANCE*	INTEREST RATE (%)	TERM (Mos/Yrs)	SECURITY FOR LOAN REAL PROPERTY ADDRESS/OTHER INFORMATION*
Laguna Beach Education Foundation, 733 St. Anns Drive, Laguna Beach, CA 92651	Fundraising for the local school district	Wife is accounting manager for the organization	\$10,001-\$100,000	Spouse's or registered domestic partner's income	City of Laguna Beach, 505 Forest Avenue, Laguna Beach, CA 92651	Municipality	Over \$100,000	2-4%	20	Personal Residence

COVER PAGE

FEB 11 2020

A PUBLIC DOCUMENT

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Poeschl Sian Rhiannon

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
Cultural Arts
Your Position
Cultural Arts Manager

► 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.)
- or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. -or- 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

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- None - No reportable interests on any schedule

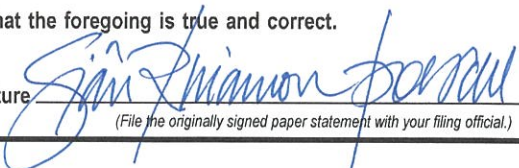
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0722 spoeschl@lgunabeachcity.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/07/2020
(month, day, year)

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

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

Name Sian Poeschl

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Artist

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input checked="" type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">____/____/19</td> <td style="width: 50%; border-bottom: 1px solid black;">____/____/19</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	____/____/19	____/____/19	ACQUIRED	DISPOSED
____/____/19	____/____/19				
ACQUIRED	DISPOSED				

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Artist

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">____/____/19</td> <td style="width: 50%; border-bottom: 1px solid black;">____/____/19</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	____/____/19	____/____/19	ACQUIRED	DISPOSED
____/____/19	____/____/19				
ACQUIRED	DISPOSED				

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
---	---

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> 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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">____/____/19</td> <td style="width: 50%; border-bottom: 1px solid black;">____/____/19</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	____/____/19	____/____/19	ACQUIRED	DISPOSED
____/____/19	____/____/19				
ACQUIRED	DISPOSED				

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">____/____/19</td> <td style="width: 50%; border-bottom: 1px solid black;">____/____/19</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	____/____/19	____/____/19	ACQUIRED	DISPOSED
____/____/19	____/____/19				
ACQUIRED	DISPOSED				

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

COVER PAGE

FEB 06 2020

A PUBLIC DOCUMENT

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rocchi Richard

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Laguna Beach

Division, Board, Department, District, if applicable

Police Department

Your Position

Interim Police Captain

► 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
- Multi-County _____
- City of Laguna Beach
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is ____/____/____, through December 31, 2018.
- Assuming Office: Date assumed ____/____/____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left 02 / 13 / 2020 (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

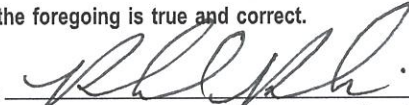
505 Forest Avenue Laguna Beach CA 92651

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0345 rrocchi@lagunabeachcity.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/03/2020
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
Filing Official Use Only

JUN 15 2020

Please type or print in ink.

City Clerk's Office
City of Laguna Beach, CA

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Russell Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach Building Inspector
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- or-
- The period covered is _____, through December 31, 2019.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

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- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

33421 Via De Agua Juan Capistrano 92675
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 633-9727 MRussell@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 6-15-20 Signature Mark Russell
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Initial Filing Received
Filing Official Use Only
FEB 10 2020
City Clerk's Office
City of Laguna Beach, CA

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ryan Kristopher Angeles

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
Your Position
Finance Division Finance Manager

► 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.
-or-
The period covered is _____, through December 31, 2019.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or-
 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

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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3301 Michelson Dr Apt 2207 Irvine CA 92612
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0319 kryan@lagunabeachcity.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/10/2020
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

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 Your Position
Public Works Department Project Manager

► 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.
-or- The period covered is ____/____/____, through December 31, 2019.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
○ The period covered is January 1, 2019, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business 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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
505 Forest Avenue		Laguna Beach	CA	92651
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(949) 497-0751	psawaya@lagunabeachcity.net			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/20/2020
(month, day, year)

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

COVER PAGE

MAR 12 2020

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) City Clerk's Office
Shissler David W 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

Water Quality Department

Your Position

Director of Water Quality

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: South Orange County Wastewater Authority

Position: Alternate Board Member PC 15

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.)

-or-

The period covered is ____/____/____, through December 31, 2019.

The period covered is January 1, 2019, through the date of leaving office.

-or-

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

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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

515 Forest Avenue

Laguna Beach

CA

92651

DAYTIME TELEPHONE NUMBER

(949) 497-0328

EMAIL ADDRESS

dshissler@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 March 11, 2020

(month, day, year)

Signature David Shissler

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

COVER PAGE

FEB 11 2020

A PUBLIC DOCUMENT

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) Tracy, (FIRST) Mariann (MIDDLE) Laura

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Laguna Beach Your Position Executive Assistant
Division, Board, Department, District, if applicable City Manager's Office

► 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
- Multi-County _____
- City of Laguna Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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.)
- Assuming Office:** Date assumed ____/____/_____
The period covered is ____/____/_____, through December 31, 2019.
- The period covered is January 1, 2019, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
 - Schedule A-2 - Investments** – schedule attached
 - Schedule B - Real Property** – schedule attached
 - Schedule C - Income, Loans, & Business Positions** – schedule attached
 - Schedule D - Income – Gifts** – schedule attached
 - Schedule E - Income – Gifts – Travel Payments** – schedule attached
- or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0308 mtracy@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 2/11/2020 Signature Mariann A Tracy
(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.

Name

NAME OF BUSINESS ENTITY
ALPHABET

GENERAL DESCRIPTION OF THIS BUSINESS
INTERNET SEARCH

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
COSTCO

GENERAL DESCRIPTION OF THIS BUSINESS
WAREHOUSE 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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
APPLE

GENERAL DESCRIPTION OF THIS BUSINESS
SMART PHONE/COMPUTERS

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GOLDMAN SACHS

GENERAL DESCRIPTION OF THIS BUSINESS
INVESTMENT BANK

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 11/13/19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
BLACKSTONE GROUP

GENERAL DESCRIPTION OF THIS BUSINESS
INVESTMENTS/HEDGE FUND

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 8/26/19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
HENRY JACK

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL SOFTWARE

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 4/30/19
 ACQUIRED DISPOSED

Comments:

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.

Name

NAME OF BUSINESS ENTITY
LENNAR

GENERAL DESCRIPTION OF THIS BUSINESS
HOMEBUILDER

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
STRYKER

GENERAL DESCRIPTION OF THIS BUSINESS
SUPPLIER OF MEDICAL HARDWARE

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 3/20 / 19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PULTE HOMES

GENERAL DESCRIPTION OF THIS BUSINESS
HOMEBUILDER

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
THERMO FISHER SCIENTIFIC

GENERAL DESCRIPTION OF THIS BUSINESS
INSTRUMENTATION PROVIDER

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
SOUTHWEST AIRLINES

GENERAL DESCRIPTION OF THIS BUSINESS
DOMESTIC AIRLINE

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
UNITED HEALTHCARE GROUP

GENERAL DESCRIPTION OF THIS BUSINESS
HEALTH INSURANCE PROVIDER

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
RECEIVED

JUN 15 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Torres Joseph
City (Middle)'s Office
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. (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.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- 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: 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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
501 Forest Ave., Laguna Beach, CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0701 jtorres@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 June 15, 2020 Signature _____
(month, day, year) (File the originally signed paper statement with your filing official.)

COVER PAGE

MAR 09 2020

A PUBLIC DOCUMENT

Please type or print in ink.

City Clerk's Office
City of Laguna Beach, CA

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Trestik Mark Alan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
Public Works Department
Your Position
City Engineer

► 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.
-or-
The period covered is ____/____/____, through December 31, 2019.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
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
(month, day, year)

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

COVER PAGE

MAR 26 2020

A PUBLIC DOCUMENT

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vondrak Mary

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
Department of Water Quality
Your Position
Senior Water Quality Analyst

► 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.)
- or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. -or- 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

- 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0781 mvondrak@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 03/26/2020
(month, day, year)

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

FEB 07 2020

City Clerk's Office
City of Laguna Beach, CA

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Weinert Api Albert Herman

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
Fire Department
Your Position
Fire Division Chief

► 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.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- 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: 2

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach Ca 92652
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0700 aweinert@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 2-6-20
(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.
Do not attach brokerage or financial statements.*

Name _____

▶ NAME OF BUSINESS ENTITY
Edwards Lifescience

GENERAL DESCRIPTION OF THIS BUSINESS
Medical Manufacturing

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 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

Comments: _____

Date Initial Filing Received
Filing Official Use Only
RECEIVED

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marc Wiener Eric

JAN 16 2020
City Clerk's Office
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
Community Development Department
Your Position
Director of Community Development

► 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, 2020, through December 31, 2020. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2020. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- 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: 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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Avenue Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0361 mwienner@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 1/16/20
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Date Initial Filing Received
RECEIVED
(File Original Only)

JUN 15 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) City/City Office
Whelan Jr. Timothy Sean 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
Water Quality Inspector
▶ 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.
-or- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business 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 STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Ave. Laguna Beach Ca. 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0794 twhelan@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 6/15/2020
(month, day, year)

Signature Whelan, Tim
(File the originally signed paper statement with your filing official.)

Digitally signed by Whelan, Tim
Date: 2020.06.15 15:47:55 -07'00'

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
RECEIVED

AUG 26 2020

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Snow Kevin D City Clerk's Office
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
Chief of Marine safety
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.
-or- The period covered is through December 31, 2019.
Leaving Office: Date Left (Check one circle.)
The period covered is January 1, 2019, through the date of leaving office.
-or- The period covered is through the date of leaving office.
Assuming Office: Date assumed
Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page:
Schedules attached
Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Ave. Laguna Beach, CA, 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0310 ksnow@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 8-31-2020
(month, day, year)

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