

COVER PAGE

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CITY OF LOS ALAMITOS

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NAME OF FILER (LAST) (FIRST) (MIDDLE) 2014 FEB 11 09:18:00
Edgar Troy Dean

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Los Alamitos
Division, Board, Department, District, if applicable Your Position
City Council Member

► 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 Los Alamitos Other _____

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

- Annual: The period covered is January 1, 2013, through December 31, 2013. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2013. The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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)
3191 Katella Avenue Los Alamitos Ca 90720
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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 2/10/14
(month, day, year)

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

TROY DEAN EDGAR
CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
SCHEDULE A-2, #3

3. List of name of each reportable single source of income of \$10,000 or more

ADP
Antelope Valley Hospital
Avery Dennison Corp
Copper Electric
Experian
Golden State Foods
HHS Communications
HP Communications
Ingram Micro
Molina Healthcare
Optimum Inc.
Paramount
SECC
Source Broadband
St. Joseph Hospital
Toyota
Walt Disney