1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City Council
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
☐ Multi-County
☐ City of ______________________________________________________________________
☐ 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, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ______/_____/______ (Check one)
☐ The period covered is January 1, 2015, through the date of
☐ The period covered is ______/_____/______ through
☐ Asssuming Office: Date assumed ______/_____/______
the date of leaving office.

☐ Candidate: Election year ______ and office sought, if different than Part 1:

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

Schedules attached
☐ Schedule A-1 - Investments – schedule attached
☐ Schedule 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
3191 WATTELL AVE LOS ALAMITOS CA 90720
STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(562) 431-3538
E-MAIL ADDRESS

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 1/7/16
(month, day, year)

Signature: ____________________________

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov