

AMENDMENT

COVER PAGE

Please type or print in ink.

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

RECEIVED  
CITY OF LOS ALAMITOS  
D 2019 MAR 26 AM 10:34

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Los Alamitos  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
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 Los Alamitos  
 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, 2014, through December 31, 2014.  
-or-  
The period covered is \_\_\_\_\_ through December 31, 2014.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
○ The period covered is January 1, 2014, through the date of leaving office.  
○ The period covered is \_\_\_\_\_ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 2  
 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)  
3191 Katella Ave. Los Alamitos CA 90720  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 562 ) 431-3538 rmurphy@cityoflosalamitos.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 3-25-19 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE D  
Income – Gifts**

▶ **NAME OF SOURCE** *(Not an Acronym)*  
Golden State Water  
ADDRESS *(Business Address Acceptable)*  
10852 Cherry St., Los Alamitos CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Americana Awards

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 10 / 19</u>	<u>\$ 200.00</u>	<u>2 Tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </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)  
   /   /    \$ \_\_\_\_\_  
   /   /    \$ \_\_\_\_\_  
   /   /    \$ \_\_\_\_\_

**Filer's Verification**

Print Name \_\_\_\_\_

Office, Agency or Court \_\_\_\_\_

Statement Type  2014/2015 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 \_\_\_\_\_  
(month, day, year)

Filer's Signature \_\_\_\_\_

Comments: \_\_\_\_\_