STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
Murphy

(LAST) Richard

(First) D

( (MIDDLE) )

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 ___________________________

d 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.

☐ 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.

☐ Assuming Office: Date assumed ______ / ______ / ______

☐ 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: 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
3191 Katella Ave.

STREET
Los Alamitos

CITY
CA

STATE
90720

ZIP CODE

DAYTIME TELEPHONE NUMBER
( 562 ) 431-3538

E-MAIL ADDRESS
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

(month, day, year)

Signature

(If the originally signed statement with your filing official)

FPPC Form 700 (2014/2015)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE D
### Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden State Water</td>
<td>10852 Cherry St., Los Alamitos CA</td>
</tr>
</tbody>
</table>

### Americana Awards

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/10/19</td>
<td>$200.00</td>
<td>2 Tickets</td>
</tr>
</tbody>
</table>

### NAME OF SOURCE (Not an Acronym)

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

### BUSINESS ACTIVITY, IF ANY, OF SOURCE

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NAME OF SOURCE (Not an Acronym)

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

### BUSINESS ACTIVITY, IF ANY, OF SOURCE

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NAME OF SOURCE (Not an Acronym)

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

### BUSINESS ACTIVITY, IF ANY, OF SOURCE

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Filer’s Verification

Print Name _____________________________
Office, Agency or Court _____________________________

Statement Type
- [ ] 2014/2015 Annual
- [ ] Assuming
- [ ] Leaving
- [ ] 2014 Annual
- [ ] Candidate

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 _____________________________