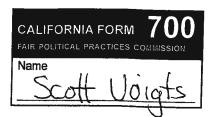
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC WOERESTS TO SERVED COVER PAGE CITY CLERK'S GITTLE

Date Received

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) 1. Office, Agency, or Court Agency Name Jourcel Member Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _ County of ____ City of _____ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through Leaving Office: Date Left ____/___ December 31, 2011. (Check one) -or-The period covered is _______ through O The period covered is January 1, 2011, through the date of December 31, 2011. leaving office. Assuming Office: Date assumed ________ O The period covered is _______, through the date of leaving office. Candidate: Election Year _ Office sought, if different than Part 1: ___ 4. Schedule Summary ▶ Total number of pages including this cover page: _< Check applicable schedules or "None." 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 None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 25550 DAYTIME TELEPHONE NUMBER 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. Signature. ed statement with your filing official.)

SCHEDULE D Income - Gifts



NAME OF SOURCE	► NAME OF SOURCE
Lake Forest Chamber of Comme	de
/ The GS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
· 22996 El Joso Road #116	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lake Forest CA 921,30	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
4,2011 ,318,00 26" LCD Flat SC	veen / s
Tu.	
	\$
\$	\$
NAME OF SOURCE	▶ NAME OF SOURCE
Waste Management	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
18 M. Snille (Trad Alterna	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sanda Ana. (A 92705	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	Second from or dir (d)
09,22,11 : 78,71 Dinner	
, ,	
	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
/ / •	
	\$
	/ / *
Comments:	
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