

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) City Clerk's Office
City of Laguna Beach, CA
Irish Lillian B.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable Your Position
Community Development Dept./ Code Enforcement Div. Code Enforcement Supervisor
▶ 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Laguna Beach Other _____

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

Annual: The period covered is January 1, 2020, through December 31, 2020.
-or- The period covered is ____/____/____, through December 31, 2020.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2020, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

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

Schedules attached
 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

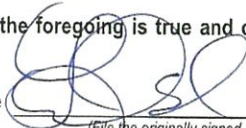
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
505 Forest Av. Laguna Beach CA 92651
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 497-0757 lrish@lagunabeachcity.net

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 02/25/21
(month, day, year)

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