

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

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MAR 11 2021

City Clerk's Office
City of Laguna Beach, CA

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Johnson	Rachel	Zofeyah

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Laguna Beach

Division, Board, Department, District, if applicable

Your Position

Police Department

Police Captain

► 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)

- | | |
|--|--|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input checked="" type="checkbox"/> City of Laguna Beach | <input type="checkbox"/> Other _____ |

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

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

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

Schedules attached

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income - Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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)		Laguna Beach	CA	92651
505 Forest Avenue				

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(949) 497-0345	rjohnson@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 3/11/2021
(month, day, year)

Signature  31527
(File the originally signed paper statement with your filing official.)