

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

City Clerk's Office City of Laguna Beach, CA

A PUBLIC DOCUMENT

| Ple | ease type or print in ink. | | | | | | | |
|------------------------------|--|--|---------------------|-----------|-------------------------------------|---------------------|---------------------------------------|--|
| NAME OF FILER (LAST) (FIRST) | | (FIRST) | | | | (MIDDLE) | | |
| Parisi Laura | | Laura | | | Marie | | | |
| 1. | Office, Agency, or Court | | | | | | | |
| | Agency Name (Do not use acronyms) | | | | | | | |
| | City of Laguna Beach | | | | | | | |
| | Division, Board, Department, District, if applicable | е | | Your Pos | sition | | | |
| | | | | City Tr | reasurer | | | |
| | ► If filing for multiple positions, list below or on | an attachment. (Do | not use acron | yms) | | | | |
| | County of Orange | | | | Treasury (| Oversiah | nt Committee Member | |
| | Agency: County of Orange | | | Position: | : | | | |
| 2. | Jurisdiction of Office (Check at least | one box) | | | | | | |
| | State | , | Г | J.Judge | Retired Judge | Pro Tem .l | Judge, or Court Commissioner | |
| | otate | | | | ride Jurisdiction | | dage, or court commodition | |
| | Multi-County | | į. | County | of Orange | | | |
| | City of Laguna Beach | | | Other | , | | | |
| - | | | | | | | | |
| 3. | Type of Statement (Check at least one | box) | | | | | | |
| | Annual: The period covered is January 1, December 31, 2020. | 2020, through | [| Leavi | ng Office: Dat | e Left (Check or | ne circle.) | |
| | The period covered is/ December 31, 2020. | , th | rough | | ne period cover aving office. | ed is Janua | ary 1, 2020, through the date of | |
| | Assuming Office: Date assumed | | | | ne period cover e date of leavin | | /, through | |
| | Candidate: Date of Election and office sought, if different than Part 1: | | | | | | | |
| | | | | | | | | |
| 4. | Schedule Summary (must comple | te) ► Total nu | ımber of pa | iges inc | cluding this | cover pa | age: 4 | |
| | Schedules attached | | | | | | | |
| | Schedule A-1 - Investments - schedule | attached | | | | | ss Positions - schedule attached | |
| | Schedule A-2 - Investments - schedule | attached | 2-57 /Athus 5/1/10% | | Income - Gifts | | | |
| | Schedule B - Real Property - schedule | attached | Sche | dule E - | Income – Gifts | - Travel P | Payments – schedule attached | |
| | | | | | | | | |
| annes. | or- None - No reportable interests | on any schedule | | | | WINDS OF THE STREET | | |
| 5. | Verification | | | | | 07475 | 710.0005 | |
| | MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum | nent) | CITY | | | STATE | ZIP CODE | |
| | 505 Forest Avenue | L | _aguna Bea | | (| CA | 92651 | |
| | DAYTIME TELEPHONE NUMBER | | | ADDRESS | | tunct | | |
| | (949) 677-0327 | | | | unabeachci | | | |
| | 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. | | | | | | | |
| | 2/2/2024 | | | 14 | 0 | 1 | | |
| | Date Signed 2/3/2021 (month, day, year) | Andrew Commencer and the Comme | Signatu | re 📈 | (File the originally | signed paper s | statement with your filing official.) | |
| | (| | | | | | | |

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Laura Marie Parisi

Do not attach brokerage or financial statements.

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY | | | | |
|--|--|--|--|--|--|
| Verizon Communications | | | | | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS | | | | |
| Telecommunications | | | | | |
| FAIR MARKET VALUE | FAIR MARKET VALUE | | | | |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 | | | | |
| \$100,001 - \$1,000,000 Over \$1,000,000 | S100,001 - \$1,000,000 Over \$1,000,000 | | | | |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT | | | | |
| Stock Other (Describe) | Stock Other(Describe) | | | | |
| Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | | | | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: | | | | |
| | | | | | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED | | | | |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY | | | | |
| Pfizer Incorporated | | | | | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS | | | | |
| Pharmaceuticals | | | | | |
| FAIR MARKET VALUE | FAIR MARKET VALUE | | | | |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 | | | | |
| \$100,001 - \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 | | | | |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT | | | | |
| Stock Other | Stock Other(Describe) | | | | |
| (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | | | | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: | | | | |
| | //20//20 | | | | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED | | | | |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY | | | | |
| Spdr Gold Shares ETF | | | | | |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS | | | | |
| Commodity ETF | | | | | |
| FAIR MARKET VALUE | FAIR MARKET VALUE | | | | |
| \$2,000 - \$10,000 \$ \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 | | | | |
| S100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 | | | | |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT | | | | |
| Stock Other (Describe) | Stock Other (Describe) | | | | |
| Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | | | | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: | | | | |
| 8 ,18 ,20 , ,20 | / /20 / /20 | | | | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED | | | | |
| | 11 | | | | |
| Comments: | | | | | |

Print

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

| CALIFOR | NIA F | ORM | 70 | 0 |
|---------|-------|----------|----|---|
| Name | A PA | IIICES C | | |

Laura Marie Parisi (Ownership Interest is 10% or Greater) ▶ 1. BUSINESS ENTITY OR TRUST - 1. BUSINESS ENTITY OR TRUST Laura M. Parisi Family Trust Address (Business Address Acceptable) Address (Business Address Acceptable) Check one Check one Trust, go to 2 Business Entity, complete the box, then go to 2 ☐ Business Entity, complete the box, then go to 2 Trust, go to 2 GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE S0 - \$1,999 · \$0 - \$1,999 /20 _/20_ /20 <u>/20</u> \$2,000 - \$10,000 \$2,000 - \$10,000 DISPOSED ACQUIRED DISPOSED ACQUIRED \$10,001 - \$100,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Partnership Sole Proprietorship . Partnership Sole Proprietorship — YOUR BUSINESS POSITION . YOUR BUSINESS POSITION -IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST) IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) S10,001 - \$100,000 \$10,001 - \$100,000 **\$0 - \$499** OVER \$100,000 OVER \$100,000 \$500 - \$1,000 \$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$10,000 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) Names listed below None or None or Names listed below 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box Check one box: ☐ INVESTMENT REAL PROPERTY REAL PROPERTY INVESTMENT 656-136-03 and 656-133-01 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or Description of Business Activity of City or Other Precise Location of Real Property City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$2,000 - \$10,000 <u>/20</u> /20 /20 \$10,001 - \$100,000 \$10,001 - \$100,000 DISPOSED ACQUIRED ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INTEREST NATURE OF INTEREST Stock Stock Partnership Property Ownership/Deed of Trust Partnership Property Ownership/Deed of Trust Leasehold Yrs, remaining Leasehold Yrs, remaining Other -Other . Check box if additional schedules reporting investments or real property Check box if additional schedules reporting investments or real property are attached are attached

Comments: .

SCHEDULE D Income - Gifts



| League of California Cities ADDRESS (Business Address Acceptable) 1400 K Street, Suite 400 Sacramento CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE Revenue & Taxation Committee Member DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1 | | LANGE OF COURCE (Males Assessed) |
|--|--|---|
| ADDRESS (Business Address Acceptable) 1400 K Street, Sulte 400 Sacramento CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE Revenue & Taxation Committee Member DATE (mindulyy) VALUE DESCRIPTION OF GIFT(S) 1 23 20 55 Working box lunch S S S SURGES (Business Address Acceptable) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minddlyy) VALUE DESCRIPTION OF GIFT(S) UNAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) DATE (minddlyy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minddlyy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minddlyy) VALUE DESCRIPTION OF GIFT(S) DATE (minddlyy) VALUE DESCRIPTION OF GIFT(S) DATE (minddlyy) VALUE DESCRIPTION OF GIFT(S) S S SUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minddlyy) VALUE DESCRIPTION OF GIFT(S) S S S S S S S S S S S S S S S S S S | NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
| 1400 K Street, Suite 400 Sacramento CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE Revenue & Taxation Committee Member DATE (mmiddlys) VALUE DESCRIPTION OF GIFT(S) 1 23 20 55 Working box lunch S | League of California Cities | |
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