

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Ple	ease type or print in ink.				
NA	ME OF FILER (LAST) (FIRS	T)	(MIDDLE)		
В	ates-Mitcham Tiff	any	A.		
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	City of Laguna Beach				
	Division, Board, Department, District, if applicable		Your Position		
			Human Resources/Risk I	Manager	
	▶ 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)				
٠.	Annual: The period covered is January 1, 2020, through December 31, 2020.		Leaving Office: Date Left 02 /12 /2021 (Check one circle.)		
	The period covered is/	, through	 The period covered is Janu leaving office. 	ary 1, 2020, through the date of	
	Assuming Office: Date assumed/				
	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: 1				
	Schedules attached				
	☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached				
	Schedule A-2 - Investments - schedule attached				
	☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached				
-0	or- None - No reportable interests on any	schedule			
-	Verification				
•	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	
	(Business or Agency Address Recommended - Public Document) 505 Forest Avenue	Laguna Be	ach CA	92651	
	DAYTIME TELEPHONE NUMBER		ADDRESS	1	
	949) 497-0311 tbates@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.				
	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)	Signatu		tatement with your filing official.)	