

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

Date **RECEIVED** Received  
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**FEB 25 2021**

Please type or print in ink.

City Clerk's Office  
City of Laguna Beach, CA

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Beres James E.**

**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 Civilian Services Administrator**

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: **N/A** Position: **N/A**

**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.

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)

**Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**None:** The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2020.

The period covered is January 1, 2020, through the date of leaving office.

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**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 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**

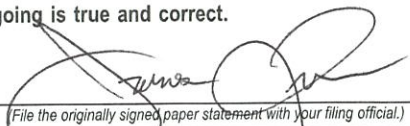
**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
<b>505 Forest Avenue</b>	<b>Laguna Beach</b>	<b>CA</b>	<b>92651</b>	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
<b>(949) 464-6669</b>	<b>jberes@lagunabeachcity.net</b>			

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 **February 25, 2021**  
(month, day, year)

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