

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

City Clerk's Office City of Laguna Beach, CA

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	Deach,	
TEICHMANN	CHRISTA		ANN		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)				75772	
CITY OF LAGUNA BEACH					
Division, Board, Department, District, if applicable		Your Position			
FIRE DEPARTMENT		BATTALION CHIEF			
▶ If filling for multiple positions, list below	v or on an attachment. (Do not i		VCHIEF	The second secon	
Agency:		Position:			
2. Jurisdiction of Office (Check at					
	least one box)				
State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>			
Multi-County		County of			
City of LAGUNA BEACH	early were proposed and the contract of the co				
3. Type of Statement (Check at lea	st one box)				
Annual: The period covered is Janu December 31, 2020.	ary 1, 2020, through	Leaving Offic	e: Date Left (Check on	e circle.)	
The period covered is December 31, 2020.	, through	O The period leaving offi	covered is Janua	ry 1, 2020, through the date of	
Assuming Office: Date assumed, through the date of leaving office.					
Candidate: Date of Election and office sought, if different than Part 1:					
4. Schedule Summary (must con					
Schedules attached	Protect Included	or pages including	this cover pa	ge: 1	
	-1.1- 11 1 1 5				
Schedule A-1 - Investments - sche		Schedule C - Income,	Loans, & Business	Positions - schedule attached	
Schedule R - Peal Property - schedule attached Sche		Schedule D - Income -	hedule D - Income - Gifts - schedule attached hedule E - Income - Gifts - Travel Payments - schedule attached		
asilvadio a - Nodi Property - Solle	odule attached	_ achedite E * Income =	Giits — Travei Pa	yments - schedule attached	
-or- 🔳 None - No reportable intere	ests on any schedule				
5. Verification	Alternative describer of the second s		MINISTER PROPERTY OF THE PERSON NAMED OF THE P		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY		STATE	ZIP CODE	
501 FOREST AVE		NA BEACH	CA	92651	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	NOTE OF THE PROPERTY OF THE PR	Committee in the supplied to t	
(949 ) 497-0354	cteichmann@lagunabeachcity.net				
I have used all reasonable diligence in prep herein and in any attached schedules is tru	aring this statement. I have revie se and complete. I acknowledge	wed this statement and to this is a public document.	the best of my kno	owledge the information contained	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date Signed 3-24-21		( Vo	1.1		
(month, day, year)	Si	ignature (File the on	ginally signed paner state	ment with your filing official.	