

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

APR 01 2021 A PUBLIC DOCUMENT

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Please type or print in ink.		ty clerk's Office
NAME OF FILER (LAST)	(FIRST)	(MIDDLE) , of to yuna Reach, CA
JOHNSON	HANNAH	ROSE
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
CITY OF LAGUNA BEACH		
Division, Board, Department, District, if applicable		Your Position
WATER QUALITY DEPARTMENT		SENIOR PROJECT MANAGER
▶ If filing for multiple positions, list below or on an	attachment. (Do not u	
Agency:		Position:
		, ookon
<ol><li>Jurisdiction of Office (Check at least one</li></ol>	· box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissione (Statewide Jurisdiction)
☐ Multi-County		
City of LAGUNA BEACH		County of
only or		Other
3. Type of Statement (Check at least one bo.	x)	
Annual: The period covered is January 1, 202 December 31, 2020.	0, through	Leaving Office: Date Left//
-or- The period covered is//	through	<ul> <li>The period covered is January 1, 2020, through the date</li> </ul>
December 31, <b>2020</b> .	, unougn	leaving office.
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	nt, if different than Part 1:
Schedule Summary (must complete)	► Total numbe	r of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - schedule attac	ched	Schedule C - Income, Loans, & Business Positions – schedule attach
Schedule A-2 - Investments – schedule attac		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attac		Schedule E - Income - Gifts - Travel Payments - schedule attached
- <b>or- 🔳 None</b> - No reportable interests on a	any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document) 515 FOREST AVENUE	LACI	
DAYTIME TELEPHONE NUMBER	LAGU	
(949 ) 464-6615		EMAIL ADDRESS HJOHNSON@LAGUNABEACHCITY.NET
	statement. I have revie	ewed this statement and to the best of my knowledge the information contr
I certify under penalty of perjury under the laws of		
and the laws	in the state of Callor	ma that the loregoing is true and correct.
Date Signed 3/23/21	•	Signature Hannah Johnson
(month, day, year)		(File the originally signed paper statement with your filing official.)