CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) **Vazquez-Avila** (FIRST) **Elizabeth** (MIDDLE)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)* **City of Laguna Beach**

Division, Board, Department, District, if applicable

Your Position **Senior Public Works Analyst / Solid Waste Program Coordinator**

► 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

☐ Multi-County _____

☒ City of **Laguna Beach**

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2020, through December 31, 2020.
-or-
The period covered is ___/___/_____, through December 31, 2020.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Leaving Office:** Date Left ___/___/_____
(Check one circle.)

○ The period covered is January 1, 2020, through the date of leaving office.
-or-
○ The period covered is ___/___/_____, through the date of leaving office.

☐ **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:* _____

Schedules attached

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached

☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or- ☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS **505 Forest Ave** STREET CITY **Laguna Beach** STATE **CA** ZIP CODE **92651**
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER **(949) 497-0344**

EMAIL ADDRESS **Lavila@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.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **6-1-21** *(month, day, year)*

Signature *Elizabeth Vazquez-Avila* *(File the originally signed paper statement with your filing official.)*

Print   **Clear**