

2011 JAN 13 PM 4:50 Public Document 2011 JAN -5 P 3:37

TP

Please type or print in ink.

NAME (LAST) (FIRST) (MIDDLE)
Braga Lorie J. CITY MANAGER
CITY CLERK

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Division, Board, District, if applicable:

Your Position:

Council member

If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

State

County of

City of Imperial Beach

Multi-County

Other

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

Assuming Office/Initial Date: 12/8/10

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is / / , through December 31, 2009.

Leaving Office Date Left: / / (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

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

Candidate Election Year: _____

4. Schedule Summary

Total number of pages including this cover page: 4

Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached Investments (10% or Greater Ownership)

Schedule B Yes - schedule attached Real Property

Schedule C Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached Income - Gifts

Schedule E Yes - schedule attached Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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

Date Signed 1/5/11 (month, day, year)

Signature (d)(5)

SCHEDULE D
Income - Gifts

Name
Bragg, Lexie

▶ NAME OF SOURCE
Mike Bixler

ADDRESS (Business Address Acceptable)
1192 Seacoast Drive IB ca 91932

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Port Commissioner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>4, 17, 10</i>	<i>\$150</i>	<i>2 summer Pops tickets</i>
	\$	
	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____

