

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Olhasso

Laura

City Clerk	Comm. Dev.
City Atty.	Public Works
City Mgr.	Financ.
City Council	
File/cc:	

1. Office, Agency, or Court

Agency Name  
City of La Cana~na Flintridge

Division, Board, Department, District, if applicable

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of La Cana~na Flintridge

- Judge (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2010, through December 31, 2010.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

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

The period covered is January 1, 2010, through the date of leaving office.

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

Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

PRACTICES COMMISSION  
11 APR - 8 AM 301

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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



Date Signed \_\_\_\_\_  
(month, day, year)

Signature \_\_\_\_\_



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Laura Olhasso
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- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE  
 McKenna, Long Aldridge  
 ADDRESS (Business Address Acceptable)  
 300 S. Grand Ave.  
 CITY AND STATE  
 Los Angeles, CA 90071  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Law Firm  
 DATE(S): 05/13/2010 AMT: \$ 208  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: dinner for spouse and self

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 CITY AND STATE  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_