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2011 JAN 10 PM 4:10

NAME OF FILER (LAST) (FIRST) Smyth  
Freese Laura

**1. Office, Agency, or Court**

CITY CLERK  
SAN JUAN CAPISTRANO

Agency Name  
City of San Juan Capistrano  
Division, Board, Department, District, if applicable  
Your Position  
City Council Member

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

Agency: Listed on Attached Separate Sheet Position: \_\_\_\_\_

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of Orange  
 City of San Juan Capistrano  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2010, through December 31, 2010.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
-or- (Check one)  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  The period covered is January 1, 2010, through the date of leaving office.  
 Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None." ▶ Total number of pages including this cover page: 6  
 Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached  
 Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
 None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that

Date Signed January 6, 2011 Signatu  
*(month, day, year)*

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Laura Freese

NAME OF BUSINESS ENTITY  
**UNITED PARCEL SERVICE**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

**OWN COMMON STOCK**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
01 / 01 / 06           /      / 09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**BARE ESCENTUALS**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

**COMMON STOCK**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
08 / 15 / 06      03 / 01 / 10  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**TARGET, INC.**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

**COMMON STOCK**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
01 / 01 / 06           /      / 09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 09           /      / 09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 09           /      / 09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 09           /      / 09  
 ACQUIRED      DISPOSED

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
LAURA FREESE

**▶ 1. BUSINESS ENTITY OR TRUST**

**SAVINGS EXPRESS OF SOUTH ORANGE COUNTY**

Name  
26332 PASEO TOSCANA, SAN JUAN CAP, CA 92675

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**MARKETING**

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

**NATURE OF INVESTMENT**  
 Sole Proprietorship     Partnership     Other

**YOUR BUSINESS POSITION** CO-OWNER

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

CHICK'S PLUMBING, PETS PLUS, CAPISTRANO  
ROOMS, HASSINGER HEATING & AIR

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

**▶ 1. BUSINESS ENTITY OR TRUST**

**CAPISTRANO SUNROOMS**

Name  
26332 PASEO TOSCANA, SAN JUAN CAP, CA 92675

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**BUILDING GENERAL CONTRACTOR**

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

**NATURE OF INVESTMENT**  
 Sole Proprietorship     Partnership     Other

**YOUR BUSINESS POSITION** CO-OWNER

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

SEE ATTACHED LIST

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**Capistrano Sunrooms**

**2010 Jobs:**

Allen, Michael and Cindy	Huntington Beach
Chen, Hung	Laguna Woods
Currie, Tony & Sandy	Mission Viejo
Domingus, Donna & Paul	Mission Viejo
Goto, Gene	Huntington Beach
Hanku, Don	Irvine
Holt, Jim	Costa Mesa
Hu, James	Laguna Woods
Kolstad, Ron & Joyce	Huntington Beach
Lanners, Mike	Laguna Hills
Morey, Delores & Richard	Lake Forest
Mullin, Mark	Huntington Beach
Nguyen, Chris	Tustin
Price, Carol	Laguna Woods
Robertson, Mark & Lynn	Mission Viejo
Sipe, Oralee	Laguna Hills
Sparenese, Robert and Judy	Mission Viejo
Weisser, Daryl	Mission Viejo
Wittigs, Janet & Eric	Laguna Woods
Witting, Jan and Cory	Capistrano Beach

**SCHEDULE D  
 Income – Gifts**

Name  
**LAURA FREESE**

▶ NAME OF SOURCE  
**REGENCY THEATERS**  
 ADDRESS (Business Address Acceptable)  
**SAN JUAN CAPISTRANO, CA 92675**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**MOVIE THEATER**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 10	\$ 50	POPCORN BASKET
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE  
**WOODRUFF, SPADLINE, SMART ATTORNEYS**  
 ADDRESS (Business Address Acceptable)  
**COSTA MESA, CA**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**LAW FIRM**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 10	\$ 50	COOKIES
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTEREST**

FORM 700

Reporting Period: January 1, 2010 through December 31, 2010

NAME: Laura Freese

**EXPANDED STATEMENT INCLUDES THE FOLLOWING AGENCIES & POSITIONS**

<b>AGENCY</b>	<b>POSITION TITLE</b>	<b>TYPE OF STATEMENT</b>
California Joint Powers Insurance Authority	Alternate Member	Leaving Office: 12/10/10
League of California Cities – Orange County Chapter	Member	Leaving Office: 12/10/10
Orange County Library Advisory Board	Member	Annual
Orange County Transportation Authority – GMA areas 9 & 11	Alternate Member	Leaving Office: 12/10/10
Orange County Vector Control Board	Member	Annual
San Juan Basin Authority	Member	Annual
Community Redevelopment Agency	Director	Annual
San Juan Capistrano Public Financing Authority	Director	Annual
Sewer Maintenance District #1	Director	Annual
Southern California Association of Governments	Alternate Member	Leaving Office: 12/10/10
SOCWA – South Orange County Wastewater Authority	Member	Assuming Office: 12/10/10
SOCWMA – South Orange County Watershed Management Area	Member	Assuming Office: 12/10/10