

2010 AN

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
CITY OF TUSTIN

Date Received
Official Use Only

TP

2011 JAN 10 PM 2:48

2011 JAN -6 A 11:29

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Murray Elwyn "Al" Allen

1. Office, Agency, or Court

Agency Name
Tustin City Council
Division, Board, Department, District, if applicable
Your Position
Councilmember

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

Agency: Orange County Vector Control Position: Trustee

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

State Judge (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Tustin Other _____

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

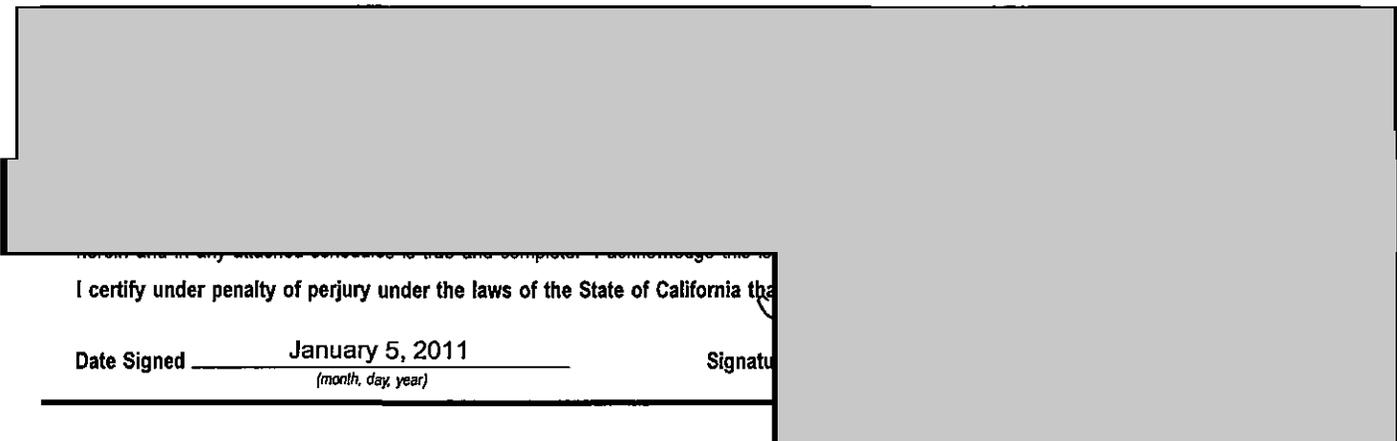
Annual: The period covered is January 1, 2010, through December 31, 2010. **Leaving Office:** Date Left ____/____/____
-or- (Check one)
The period covered is ____/____/____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
 Assuming Office: Date 12/7/10 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: 3**

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 the foregoing is true and complete. I acknowledge and understand that this statement is a public document.

Date Signed January 5, 2011 Signature _____
(month, day, year)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
 The Winery Restaurant
 ADDRESS (Business Address Acceptable)
 2647 Park Avenue Tustin
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 9 / 10	\$ 40.00	wine
6 / 12 / 10	\$ 30.00	wine
9 / 24 / 10	\$ 28.00	wine

▶ 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: _____