A02013

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 14 FEB 18 AM 8:54

Please type or print in ink.

NAME OF FILER (LAST) Barragan (FIRST) Nanette (MIDDLE) Barba

1. Office, Agency, or Court

Agency Name
Division, Board, Department, District, if applicable — Your Position: Member, Hermosa Beach City Council

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

Agency: _____ Position: _____

RECEIVED DEC 23 2013 CITY CLERK CITY OF HERMOSA BEACH

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of Hermosa Beach
- ☐ 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, 2012, through December 31, 2012.

-or-

The period covered is ___/___/___, through December 31, 2012.

☒ **Assuming Office:** Date assumed 11/26/2013

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

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

○ The period covered is January 1, 2012, through the date of leaving office.

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

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* _____

- ☐ **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

[redacted]

herein and in any attached schedules is true and complete. I acknowledge this is a pu[redacted]

I certify under penalty of perjury under the laws of the State of California that the [redacted]

Date Signed 12/23/2013 (month, day, year) **Signature** [redacted]

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

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

- **You must mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE *(Not an Acronym)*
West Basin Municipal Water District
ADDRESS *(Business Address Acceptable)*
1935 Hughes Way
CITY AND STATE
El Segundo, CA 90245
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
State Water Project tour
DATE(S): 11/16/13 - 11/17/13 *(if gift)* AMT: $ 675 value
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel & related expenses covered.
Air, hotel, most meals

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(if gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(if gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(if gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: