CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only
CITY CLERK - HMB
2013 JUL -3 PM 5:11

Please type or print in ink.

NAME OF FILER (LAST) FRASER (FIRST) MARINA (MIDDLE) M

1. Office, Agency, or Court

Agency Name: City of Half Moon Bay

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 Half Moon Bay
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of San Mateo County
- ☐ 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 ___/___/_____

☐ **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.

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

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 2

- ☐ **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

[redacted]

herein and in any attached schedules is true and complete. I acknowled

I certify under penalty of perjury under the laws of the State of Calif

Date Signed 07/03/13 *(month, day, year)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: MARINA FRASER

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: BAY AREA COUNCIL
ADDRESS *(Business Address Acceptable)*: DINNER/ANNUAL
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE (mm/dd/yy): 10/23/12 | VALUE: $100.00 | DESCRIPTION OF GIFT(S): DINNER

► NAME OF SOURCE *(Not an Acronym)*:
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S)

► NAME OF SOURCE *(Not an Acronym)*:
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S)

► NAME OF SOURCE *(Not an Acronym)*:
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S)

► NAME OF SOURCE *(Not an Acronym)*:
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S)

► NAME OF SOURCE *(Not an Acronym)*:
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S)

Comments: