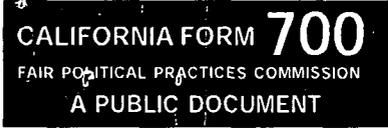


AN 2012



STATEMENT OF ECONOMIC INTERESTS OFFICE
COVER PAGE
2010 APR - 8 PM 12:54

RECEIVED
CITY OF IRVINE

Date Received
Official Use Only



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
CITY OF IRVINE
Division, Board, Department, District, if applicable
CITY COUNCIL
Your Position
COUNCILMEMBER

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

Agency: SEE ATTACHED Position:

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

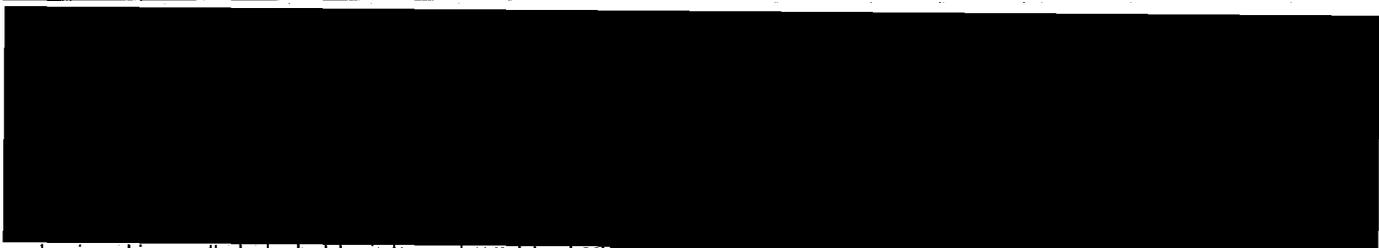
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of
- City of IRVINE Other

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

- Annual: The period covered is January 1, 2012, through December 31, 2012. Leaving Office: Date Left 01 / 08 / 2013 (Check one)
- or- The period covered is through December 31, 2012. The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed 01 / 08 / 2013 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." 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
- None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/7/13 (month, day, year)

**EXPANDED STATEMENT
Mayor Pro Tem Jeffrey Lalloway**

**Attachment to Form 700
2012 Annual Filing**

Following is a list of agencies I am a boardmember of as Councilmember of the City of Irvine:

- 1) Irvine City Council (Councilmember)
- 2) Irvine Industrial Development Authority
- 3) Irvine Public Facilities and Infrastructure Authority
- 4) Orange County Great Park Corporation
- 5) Orange County Council of Government (Alternate)
- 6) Irvine Successor Agency to dissolved Redevelopment Agency
- 7) Orange County Transportation Authority
- 8) Orange County Council of Governments (Alternate) (Assuming Office 1/8/13)

**Attachment to Form 700
Leaving Office Filing**

- 1) Orange County Sanitation District (Leaving Office 1/8/13)

**Attachment to Form 700
Assuming Office Filing**

- 1) Orange County Fire Authority (Delegate) (Assuming Office 1/8/13)
- 2) Irvine Community Land Trust (Delegate) (Assuming Office 1/8/13)

**SCHEDULE A-1
Investments**

**Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)**

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Jeffrey Lalloway</u>

▶ NAME OF BUSINESS ENTITY
Johnson and Johnson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceuticals

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
diversified business

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Jeffrey Lalloway

1 BUSINESS ENTITY OR TRUST												
Name Law Office of Jeffrey Lalloway												
Address (Business Address Acceptable) 19200 Von Karman Ave., Ste. 600, Irvine, CA 92612												
Check one: <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2												
GENERAL DESCRIPTION OF BUSINESS ACTIVITY												
<table border="0"> <tr> <td>FAIR MARKET VALUE</td> <td>IF APPLICABLE, LIST DATE:</td> </tr> <tr> <td><input type="checkbox"/> \$0 - \$1,999</td> <td>____/____/11 ____/____/11</td> </tr> <tr> <td><input type="checkbox"/> \$2,000 - \$10,000</td> <td>ACQUIRED DISPOSED</td> </tr> <tr> <td><input checked="" type="checkbox"/> \$10,001 - \$100,000</td> <td></td> </tr> <tr> <td><input type="checkbox"/> \$100,001 - \$1,000,000</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Over \$1,000,000</td> <td></td> </tr> </table>	FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	<input type="checkbox"/> \$0 - \$1,999	____/____/11 ____/____/11	<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED	<input checked="" type="checkbox"/> \$10,001 - \$100,000		<input type="checkbox"/> \$100,001 - \$1,000,000		<input type="checkbox"/> Over \$1,000,000	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:											
<input type="checkbox"/> \$0 - \$1,999	____/____/11 ____/____/11											
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED											
<input checked="" type="checkbox"/> \$10,001 - \$100,000												
<input type="checkbox"/> \$100,001 - \$1,000,000												
<input type="checkbox"/> Over \$1,000,000												
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> owner <input type="checkbox"/> Other												
YOUR BUSINESS POSITION _____												

1 BUSINESS ENTITY OR TRUST												
Name												
Address (Business Address Acceptable)												
Check one: <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2												
GENERAL DESCRIPTION OF BUSINESS ACTIVITY												
<table border="0"> <tr> <td>FAIR MARKET VALUE</td> <td>IF APPLICABLE, LIST DATE:</td> </tr> <tr> <td><input type="checkbox"/> \$0 - \$1,999</td> <td>____/____/11 ____/____/11</td> </tr> <tr> <td><input type="checkbox"/> \$2,000 - \$10,000</td> <td>ACQUIRED DISPOSED</td> </tr> <tr> <td><input type="checkbox"/> \$10,001 - \$100,000</td> <td></td> </tr> <tr> <td><input type="checkbox"/> \$100,001 - \$1,000,000</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Over \$1,000,000</td> <td></td> </tr> </table>	FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	<input type="checkbox"/> \$0 - \$1,999	____/____/11 ____/____/11	<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED	<input type="checkbox"/> \$10,001 - \$100,000		<input type="checkbox"/> \$100,001 - \$1,000,000		<input type="checkbox"/> Over \$1,000,000	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:											
<input type="checkbox"/> \$0 - \$1,999	____/____/11 ____/____/11											
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED											
<input type="checkbox"/> \$10,001 - \$100,000												
<input type="checkbox"/> \$100,001 - \$1,000,000												
<input type="checkbox"/> Over \$1,000,000												
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other												
YOUR BUSINESS POSITION _____												

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

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 Copy of Form 1099)

3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach Copy of Form 1099)

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

- Check one box:
 INVESTMENT REAL PROPERTY

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

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

- | | |
|--|----------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/11 ____/____/11 |
| <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 _____ Other _____
Yes, remaining

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

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

- Check one box:
 INVESTMENT REAL PROPERTY

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

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

- | | |
|--|----------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/11 ____/____/11 |
| <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 _____ Other _____
Yes, remaining

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

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Jeffrey Lalloway

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Novartis Pharmaceuticals

ADDRESS (Business Address Acceptable)
 East Hanover, NJ

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 pharmaceuticals

YOUR BUSINESS POSITION
 Medical Science Liasion

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

NAME OF SOURCE OF INCOME
 City of Irvine

ADDRESS (Business Address Acceptable)
 1 Civic Center Plaza, Irvine, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Councilmember

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other, stipend _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
 _____% None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ INCOME RECEIVED

NAME OF SOURCE OF INCOME
OC Sanitation District

ADDRESS (Business Address Acceptable)
Fountain Valley, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Board of Directors

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other stipend
(Describe)

▶ INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
 _____% None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name JEFFREY LALLOWAY

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COUNTY BUSINESS COUNCIL

ADDRESS (Business Address Acceptable)
IRVINE, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 12	\$ 250	TICKET, BIZ PAC
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
HERITAGE FIELDS LLC

ADDRESS (Business Address Acceptable)
ALISO VIEJO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
REAL ESTATE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 12	\$ 150	TICKET FATHER YR
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
AT&T

ADDRESS (Business Address Acceptable)
TUSTIN, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TELECOMMUNICATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 12	\$ 60	CHAIRMANS BRKFST
	\$	
	\$	

▶ 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: _____