

A02013



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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

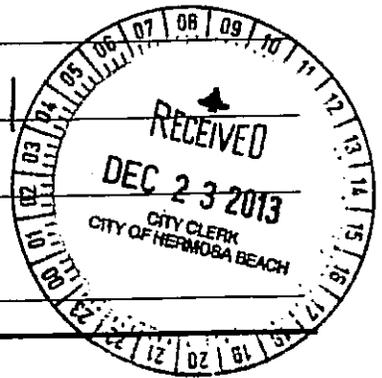
Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name

Member, Hermosa Beach City Council
Division, Board, Department, District, if applicable Your Position



► 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 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
- 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: _____

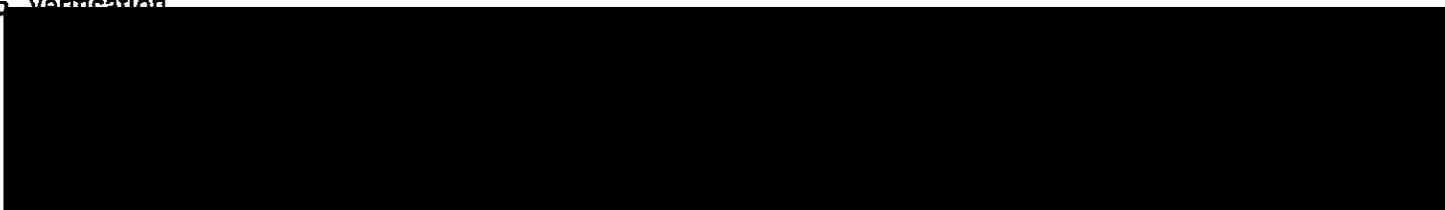
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- 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



herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 12/23/2013
(month, day, year)

Signature _____

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 AMT: \$ 675 value
(if gift)
 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): ____/____/____ - ____/____/____ AMT: \$ _____
(if gift)
 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): ____/____/____ - ____/____/____ AMT: \$ _____
(if gift)
 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): ____/____/____ - ____/____/____ AMT: \$ _____
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____