

2013 AN

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CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

APR - 1 2014 Date Received  
Official Use Only

COVER PAGE

CITY CLERKS OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Johnson Natasha Danielle

1. Office, Agency, or Court

Agency Name  
City of lake Elsinore  
Division, Board, Department, District, if applicable  
Your Position  
Council Member

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

Agency: RCA Position: Board Member

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PRACTICES COMMISSION  
2014 APR - 7 AM 11:04

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County  County of \_\_\_\_\_  
 City of Lake Elsinore  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.  
 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.  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

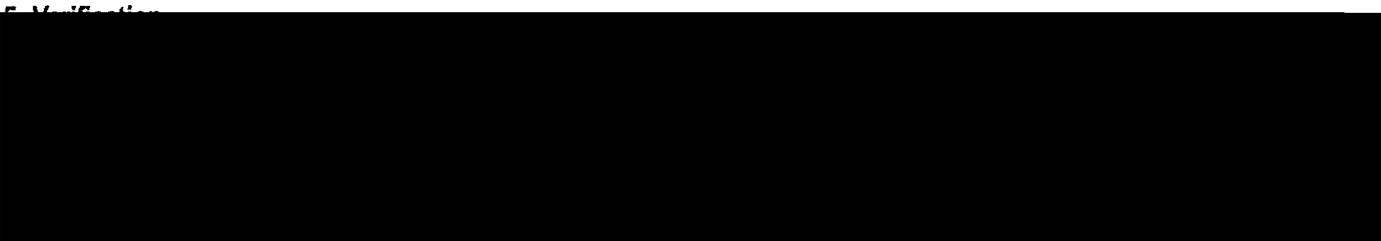
4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 5

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 correct.

Date Signed 03/31/2014  
(month, day, year)







**SCHEDULE D  
Income – Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Natasha Johnson

▶ NAME OF SOURCE  
Civic Partners

ADDRESS (Business Address Acceptable)  
7777 Center Ave suite 300 Huntington Beach Ca

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dinner meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/ / 19/ / 13</u>	<u>\$ 50.00</u>	<u>Dinner ICSC</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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<u> / /</u>	<u>\$</u>	<u></u>

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Comments: \_\_\_\_\_