



MAR 31 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) CITY OF ALISO VIEJO
Munzing Michael Andrew

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Aliso Viejo

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 14 APR - 7 AM 8:59

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

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

- State, Multi-County, City of City of Aliso Viejo, 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, 2013, through December 31, 2013. Leaving Office: Date Left, The period covered is January 1, 2013, through the date of leaving office. Assuming Office: Date assumed, 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.

I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ack

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

Date Signed 03/30/2014

(month, day, year)

SCHEDULE D
Income – Gifts

Name
Michael Andrew Munzing

▶ NAME OF SOURCE (Not an Acronym)

The Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)

700 N. Alameda Street, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Colorado River Water Inspection Trip

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 13	\$ 165.59	Travel & Food
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Tea Party Patriots (They bought a table)

ADDRESS (Business Address Acceptable)

Event: 11000 W. Olympic Blvd., L.A., CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

American Freedom Alliance - Heroes Awards Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 13	\$ 350.00	Charity Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

S.O.C. Regional Chamber of Commerce

ADDRESS (Business Address Acceptable)

27758 Santa Margarita Pkwy #378, MV, CA 92691

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 04 / 14	\$ 100.00	Golf Tourney Fee
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____