

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing Received  
**received**  
03/02/15  
OR



Please type or print in ink.

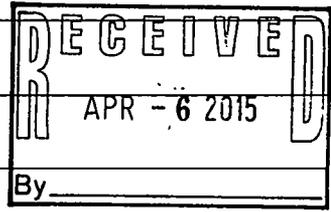
NAME OF FILER (LAST) (FIRST) (MIDDLE)  
MacGugan-Cassidy Cinde Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Avalon

Division, Board, Department, District, if applicable

Your Position  
Council Member



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

Agency: Hospital Board Position: Boardmember  
Housing Authority

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

- State
- Multi-County \_\_\_\_\_
- City of Avalon
- 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, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2014.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2014, 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: 5
- 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

\_\_\_\_\_

herein and in any attached schedules is true and complete. I ac  
I certify under penalty of perjury under the laws of the State

Date Signed 2-28-15  
(month, day, year)



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Cinde MacGugan-Cassidy

**▶ 1. BUSINESS ENTITY OR TRUST**

Chet's Hardware, Inc.

Name

PO Box 215 Avalon, CA 90704

Address (Business Address Acceptable)

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Hardware Store

**FAIR MARKET VALUE**

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

      /      /14          /      /14  
 ACQUIRED                      DISPOSED

**NATURE OF INVESTMENT**

- Partnership     Sole Proprietorship     Corporation           Other

YOUR BUSINESS POSITION CFO

**▶ 1. BUSINESS ENTITY OR TRUST**

Northwind Refrigerations, Inc.

Name

PO Box 215 Avalon, CA 90704

Address (Business Address Acceptable)

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Service and Sales

**FAIR MARKET VALUE**

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

      /      /14          /      /14  
 ACQUIRED                      DISPOSED

**NATURE OF INVESTMENT**

- Partnership     Sole Proprietorship     Corporation           Other

YOUR BUSINESS POSITION Vice President

**▶ 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 a separate sheet if necessary.)**

- None    or     Names listed below

SCIRS, Catalina Island Conservancy, Fine Line Construction, CIVR, City of Avalon, and more but I am unable to pull a report that tells me who/how much

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

- None    or     Names listed below

CIMC, Catalina Beverage, City of Avalon, El Terrado Terrace, Fine Line Construction, Meaders, Lloyds of Avalon, Sullivan, Parisi Builders, SCIRS,

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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**

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

      /      /14          /      /14  
 ACQUIRED                      DISPOSED

**NATURE OF INTEREST**

- Property Ownership/Deed of Trust     Stock     Partnership

Leasehold           Yrs. remaining     Other          

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

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Leasehold           Yrs. remaining     Other          

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



**SCHEDULE D**  
**Income – Gifts**

Name  
Cinde MacGugan-Cassidy

▶ NAME OF SOURCE (Not an Acronym)  
THE LOBSTER TRAP  
 ADDRESS (Business Address Acceptable)  
AVALON CA, 90704  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
RESTAURANT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>VARIOUS IN 2014</u>	<u>\$ 450</u>	<u>FOOD + BEVERAGE</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
LEAGUE OF CALIFORNIA CITIES  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
GOVT AFFAIRS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9,4,14</u>	<u>\$ 50(?)</u>	<u>FOOD + BEVERAGE</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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