

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mowles Lawrence P.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of La Mirada
Division, Board, Department, District, if applicable
City Council
Your Position
Mayor

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► 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 La Mirada
- 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 ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- 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. [Redacted]

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

Date Signed 2/13/2015
(month, day, year)

SCHEDULE D
Income – Gifts

Name

Mowles

▶ NAME OF SOURCE (Not an Acronym)

City of La Mirada

ADDRESS (Business Address Acceptable)

13700 La Mirada Blvd., La Mirada, CA 90638

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Maddi's Closet Fundraiser

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 08 / 14</u>	<u>\$ 150.00</u>	<u>Charity Event Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
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Comments: _____