CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

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MAR 30 2015
CITY OF ALISO VIEJO

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Phillips	William	A.

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: MAYOR

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

Agency: _____ Position: _____

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FAIR POLITICAL PRACTICES COMMISSION

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

- ☐ State
- ☐ Multi-County _____
- ☒ 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, 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:*** 3

- ☐ **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

[redacted]

I certify under penalty of perjury under the laws of the State o[redacted]

Date Signed 3/26/15
(month, day, year)

[redacted]

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ORANGE COAST WOMENS MEDICAL GROUP

ADDRESS *(Business Address Acceptable)*
24411 HEALTH CENTER DR. #200B
LAGUNA HILLS CA 92653

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL PRACTICE

YOUR BUSINESS POSITION
DOCTOR / PARTNER

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE
_____% [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*
  _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments:

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Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
SADDLEBACK MEMORIAL ~~[illegible]~~ FOUNDATION
ADDRESS *(Business Address Acceptable)*
24451 HEALTH CTR DR
LAGUNA HILLS, CA 92653
BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOSPITAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/8/14	$40.00	DINNER
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
THRIVENT FINANCIAL
ADDRESS *(Business Address Acceptable)*
24800 CHRISANTA DR STE 200
MISSION VIEJO, CA 92691
BUSINESS ACTIVITY, IF ANY, OF SOURCE
FINANCIAL PLANNER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/17/14	$192.00	TWO DUCKS TICKETS (10/17/14)
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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: