



**STATEMENT OF ECONOMIC INTERESTS**  
COVER PAGE

Date Received  
Official Use Only  
**RECEIVED**  
CLERK OF THE BOARD  
**JAN 12 2015**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Bartlett Lisa Ann

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
County of Orange  
Division, Board, Department, District, if applicable Your Position  
Board of Supervisors Supervisor, 5th District

► 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 \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Orange
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2013.
- Assuming Office:** Date assumed 12 / 02 / 2014
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2013, 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 [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/31/2014  
(month, day, year)

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NAME OF FILER (LAST) Bartlett (FIRST) Lisa BY: FPPC (MIDDLE) Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
County of Orange  
Division, Board, Department, District, if applicable Board of Supervisors  
Your Position Supervisor, 5th District

► 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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of Orange
- City of \_\_\_\_\_  Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- Assuming Office: Date assumed 12 / 02 / 2014
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- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

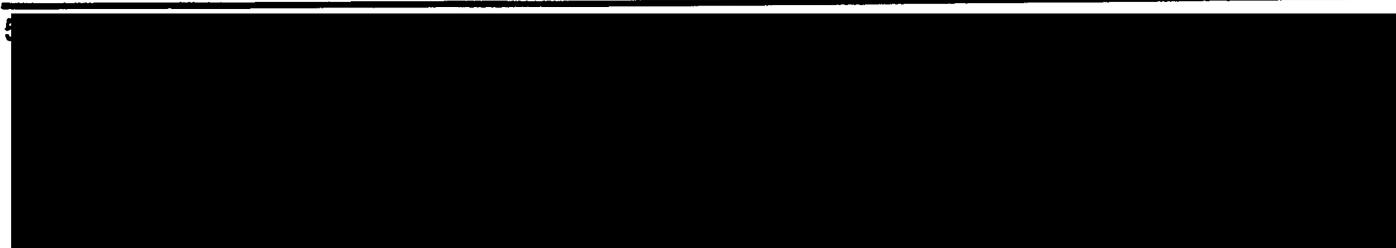
Check applicable schedules or "None."

► 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



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/31/2014  
(month, day, year)

**Lisa Bartlett**

<b>Agency</b>	<b>Position</b>	<b>Type of Statement</b>
Foothill Eastern Transportation Corridor Agency	Board Member	Annual Statement
Transportation Corridor System	Board Member	Annual Statement
Southern California Association of Governments	Alternate Board Member	Annual Statement

**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  
Lisa Bartlett

**1. BUSINESS ENTITY OR TRUST**

**Etch-It Party**

Name  
9 Tulip, Aliso Viejo, CA 92656

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Retail product sales

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$0 - \$1,999	<u>    </u> / <u>    </u> / <u>13</u> <u>    </u> / <u>    </u> / <u>13</u>
<input type="checkbox"/> \$2,000 - \$10,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
<input type="checkbox"/> \$10,001 - \$100,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
<input type="checkbox"/> Over \$1,000,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>

**NATURE OF INVESTMENT**  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION**    50%

**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

**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  
BMA Builder's, Inc.

Description of Business Activity or City or Other Precise Location of Real Property

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$2,000 - \$10,000	<u>    </u> / <u>    </u> / <u>13</u> <u>    </u> / <u>    </u> / <u>13</u>
<input type="checkbox"/> \$10,001 - \$100,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
<input type="checkbox"/> Over \$1,000,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_     Other Corporation  
Yrs. remaining

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

**1. BUSINESS ENTITY OR TRUST**

**Blue Water Realty & Investments**

Name  
34145 Pacific Coast Hwy., #710, Dana Point, CA 92629

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Real Estate Sales

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$0 - \$1,999	<u>    </u> / <u>    </u> / <u>13</u> <u>    </u> / <u>    </u> / <u>13</u>
<input type="checkbox"/> \$2,000 - \$10,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
<input type="checkbox"/> \$10,001 - \$100,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
<input type="checkbox"/> Over \$1,000,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>

**NATURE OF INVESTMENT**  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION**    Owner

**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  
Joel Bishop

**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

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$2,000 - \$10,000	<u>    </u> / <u>    </u> / <u>13</u> <u>    </u> / <u>    </u> / <u>13</u>
<input type="checkbox"/> \$10,001 - \$100,000	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
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**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

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