CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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FAIR POLITICAL PRACTICES COMMISSION
11 APR -5 AM 8:28
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2011 MAR 31 PM 3:42

Please type or print in ink.

NAME (LAST) FRASER (FIRST) MARINA (MIDDLE) M.

MAILING ADDRESS STREET CITY STATE ZIP CODE

[redacted]

1. Office, Agency, or Court

Name of Office, Agency, or Court: City of Half Moon Bay

Division, Board, District, if applicable:

Your Position: MAYOR/COUNCILMEMBER

➡ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

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

- ☐ State
- ☒ County of SAN MATEO
- ☒ City of HALF MOON BAY
- ☐ Multi-County
- ☐ Other

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, ~~2007,~~ 2010 through December 31, ~~2007.~~ 2010

-or-

○ The period covered is ___/___/___, through December 31, 2007.

☐ Leaving Office Date Left: ___/___/___ (Check one)

○ The period covered is January 1, 2007, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 2

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/11 (month, day, year)

Signatu

[redacted]

8)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: MARINA FRASER

SCHEDULE D
Income – Gifts

> NAME OF SOURCE: COASTAL Rep THEATER
ADDRESS: 1167 MAIN ST, HMB
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06,06,10	$ 60.00	OUR TOWN TICKETS
11,18,10	$ 60.00	SPELLING BEE TICKETS
/ /	$	
/ /	$	

> NAME OF SOURCE: BAY AREA COUNCIL
ADDRESS: 201 California St, SF, CA 94111
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10,06,10	$ 100.00	DINNER
/ /	$	
/ /	$	

> NAME OF SOURCE: DMB CARGIL ASSOC
ADDRESS: 7600 E. Doubletree Ranch Rd
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Scottsdale AZ 85258-2137

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04,14,10	$ 175.00	Reception
/ /	$	
/ /	$	

> NAME OF SOURCE: DOUGLAS BEACH HOUSE
ADDRESS: 311 MIRADA Rd. HMB, CA 94019
BUSINESS ACTIVITY, IF ANY, OF SOURCE: SF COMEDY ~~COMMUN~~ LIVE Competition

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10,03,10	$ 70.00	TICKETS
/ /	$	
/ /	$	

> NAME OF SOURCE: McKINSEY & COMPANY
ADDRESS: 555 CALIFORNIA ST SF, CA ST 4700
BUSINESS ACTIVITY, IF ANY, OF SOURCE: SF GIANTS TIX, FOOD/BEV

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09,29,10	$ 150.00	Ball Game
/ /	$	
/ /	$	

> NAME OF SOURCE: HMB BREWERY
ADDRESS: 390 CAPISTRANO RD. PRINCETON CA 94018
BUSINESS ACTIVITY, IF ANY, OF SOURCE: JOINT VENTURE SILICON VALLEY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03,27,10	$ 100.00	CONFERENCE
/ /	$	
/ /	$	

Comments: