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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY OF LA CAÑADA FLINTRIDGE
Date Received
RECEIVED
MAR 29 2011
City Clerk | Comm. Dev.
City Atty. | Public Works
City Mgr. | Finance
City Council
File/cc:

Please type or print in ink.

NAME OF FILER (LAST): Olhasso (FIRST): Laura (MIDDLE):

1. Office, Agency, or Court

Agency Name: City of La Cañada Flintridge

Division, Board, Department, District, if applicable:

Your Position: Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

☐ State
☐ Multi-County _____
☒ City of La Canada Flintridge
☐ Judge (Statewide Jurisdiction)
☐ County of _____
☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*
○ The period covered is January 1, 2010, through the date of leaving office.
○ The period covered is ___/___/___, through the date of leaving office.

FAIR POLITICAL PRACTICES COMMISSION
11 APR -8 PM 3:01

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

Date Signed _____ *(month, day, year)* **Signature**

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: Laura Olhasso

1. BUSINESS ENTITY OR TRUST

Olhasso Consulting
Name

5145 Solliden Lane, La Canada Flintridge, CA
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Government Affairs Consulting

FAIR MARKET VALUE
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED ___ DISPOSED ___

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ _____ 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
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

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

Pasadena-Foothills Association of Realtors

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number 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:
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

1. BUSINESS ENTITY OR TRUST

Arroyo Knauf Insurance
Name

2900 W. Broadway, Los Angeles, CA
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance Brokerage

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED ___ DISPOSED ___

NATURE OF INVESTMENT
☐ Sole Proprietorship ☒ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
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☒ OVER $100,000

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

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☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED ___ DISPOSED ___

NATURE OF INTEREST
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☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Laura Olhasso

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the $420 gift limit.**

► NAME OF SOURCE: McKenna, Long Aldridge
ADDRESS *(Business Address Acceptable)*: 300 S. Grand Ave.
CITY AND STATE: Los Angeles, CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Law Firm ☐ 501 (c)(3)
DATE(S): 05/13/2010 - ___ *(If applicable)* AMT: $ 208
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: dinner for spouse and self

► NAME OF SOURCE:
ADDRESS *(Business Address Acceptable)*:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): ___ - ___ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE:
ADDRESS *(Business Address Acceptable)*:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): ___ - ___ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE:
ADDRESS *(Business Address Acceptable)*:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): ___ - ___ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments: