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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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PRACTICES COMMISSION
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CITY OF ENCINITAS
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MUIR	MARK	A.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF ENCINITAS

Division, Board, Department, District, if applicable: CITY COUNCIL

Your Position: COUNCIL MEMBER

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

Agency: ENCINITAS HOUSING AUTHORITY Position: BOARD MEMBER

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of ENCINITAS
- ☐ 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:*** _____

- ☐ **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*

[redacted]

herein and in any attached schedules is true and complete. I ackn[redacted]

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

Date Signed 3/30/2015
(month, day, year)

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
MAUREEN MUIR

ADDRESS *(Business Address Acceptable)*
710 West Bluff DR., ENC. CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
EUSD Board Member

YOUR BUSINESS POSITION
Trustee

GROSS INCOME RECEIVED
- [x] $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 E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE *(Not an Acronym)* Scripps Encinitas Hospital

ADDRESS *(Business Address Acceptable)*

CITY AND STATE Encinitas, California

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 04/26/14 - 04/26/14 *(If gift)* AMT: $ 150.00

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description Attended Scripps Hospital Annual Gala

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: