CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

CG

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Swift	Elizabeth	Alice

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Buena Park

Division, Board, Department, District, if applicable: City Council

Your Position: City Council Member

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

Agency: Orange County Council of Governments

Position: Ex Officio/Non-voting Member

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Buena Park
- ☐ 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 [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 03/21/2015
(month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Elizabeth Swift

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Hope International University

ADDRESS *(Business Address Acceptable)*
2500 E. Nutwood Ave., Fullerton, CA 92831

BUSINESS ACTIVITY, IF ANY, OF SOURCE
higher education

YOUR BUSINESS POSITION
Online Adjunct Assistant Professor

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)*

▶ 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: Elizabeth Swift

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
League of Cities
ADDRESS *(Business Address Acceptable)*
1400 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
legislative advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 14	$ 60	reception at League conference
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Richards Watson & Gershon
ADDRESS *(Business Address Acceptable)*
355 S. Grand Avenue, 40th Floor, Los Angeles 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE
law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 14	$ 60	reception at League conference
02 / 25 / 14	$ 50	dinner at Black Angus
12 / 15 / 14	$ 60	fruit gift box (Harry & David)

▶ NAME OF SOURCE *(Not an Acronym)*
Griffin Structures / Townsend Public Affairs
ADDRESS *(Business Address Acceptable)*
8200 Westminster Blvd, Westminster, CA / 2699 White Road, Irvine, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction Project Management / Public Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 14	$ 60	jointly hosted reception at League Conference
/ /	$	
/ /	$	

▶ 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: