CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.						IL APR]	PM 12: 57
NAME OF FILER	(LAST)		(FIRST)			(MIDDLE)		
Genis	Sandra				L	CITY OF	COSI	A MESA
1. Office, Agency, or Cou	rt					3 Y		
Agency Name (Do not use acro	onyms)							
City of Costa Mesa								
Division, Board, Department, Dis	strict, if applicable	<u> </u>	Your Position		··	·····	-	
City Council	Council Men	nber						
► If filing for multiple positions, SUCCESSOR AGENCY	TO THE REDEVI	SLOPMENT A	SENOY	- 				
Agency: HOUSING AU	MORITY	,,	. Position:	** - 42···.				
2. Jurisdiction of Office (Check at least one box	()						
☐ State	☐ Judge or Court	Commissioner	(Statewide	Jurisdiction)				
Multi-County			County of					
City of Costa Mesa			Other					
3. Type of Statement (Chec	k at least one box)		· · · · · · · · · · · · · · · · · · ·					
Annual: The period covered December 31, 2013		ough	Leaving Office	: Date Left		/		÷
-or- The period covered December 31, 2013	is//	through	The period leaving office	covered is Janu e.	uary 1, 2013	3, through the o	late of	
Assuming Office: Date assu	umed//		The period of the date of the date of the date.	covered is		, t/	rough	
Candidate: Election year	ar	nd office sought, if dif	ferent than Part 1;					-
. Schedule Summary								-
Check applicable schedules or '	'None."	► Total n	umber of pages in	cluding this	s cover p	age:		
☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Po								
							attache	3
Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached								
	_	-or-				oonada.o att	301100	
	☑ None - N	reportable interests	on any schedule					
Verification				·	•		***	
MAILING ADDRESS STREET (Business or Agency Address Recommended	- - Public Document)	CITY		STATE	Z	P CODE		-
	·	Costa Mesa		CA	9262	6		
DAYTIME TELEPHONE NUMBER		E-N	IAIL ADDRESS (OPTIONAL)					
(714) 754-0814								
I have used all reasonable diligence herein and in any attached schedule	in preparing this statemes is true and complete.	ent. I have reviewed I acknowledge this	this statement and to this a public document.	ne best of my k	nowledge th	e information o	ontained	
I certify under penalty of perjury	under the laws of the	State of California t	ha <u>t the femous bout</u> e to		·			
Date Signed	2010	Signą	tū					
(month, da	ıy, year)		~			£.)		