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

## STATEMENT OF ECONOMIC INTERESTS ITY CLERK COVER PAGE

Please type or print in ink.	14 AUG -6 PM 3: 28
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Simpon	RITA CITY OF COSTAMESA.
1. Office, Agency, or Court	The state of the s
Agency Name (Do not use acronyms)  City of Costa Mesa	
Division, Board, Department, District, if applicable	Your Position
Council Member	
▶ If filing for multiple positions, list below or on an attachment. (Do no	ot use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	,
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	County of
Dity of Costa Mesa	
A City of Costs 14 12 00	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2013, through	Leaving Office: Date Left/
December 31, 2013.	(Check one)
The period covered is/, throug December 31, 2013.	The period covered is January 1, 2013, through the date of leaving office.
Assuming Office: Date assumed	O The period covered is/, through the date of leaving office.
☑ Candidate: Election year and office sough	t, if different than Part 1:
4. Schedule Summary	
Check applicable schedules or "None." ► To	otal number of pages including this cover page:
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property - schedule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
-or-	
None - No reportable in	terests on any schedule
5. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
( )	
herein and in any attached schedules is true and complete. I acknowled	•
I certify under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.
Date Signed 3-6-14	Signature Rita L. Simpson
(month, day, year)	(File the originally signed statement with your filing official.)