CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS L. Oate IN the Eiling Received Official Use Only COVER PAGE

Places type or print in ink	OOVERVI	18	5 AUG PM 4:	5
Please type or print in ink. NAME OF FILER (LAST)	(FIRST)	• •	(MIDDLE)	0
Humphren	TAU	C	ITY OF COSTA MESA	
1. Office, Agency, or Court	Proj	B	Y Pas	
Agency Name (Do not use acronyms)	SA			
Division, Board, Department, District, if applicable	Your	Position		
City Council	Ms	emben CA	UNINATE	
▶ If filing for multiple positions, list below or on an a		20,701	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Pagi	ition:		
Agency:	F05i	uon.		
2. Jurisdiction of Office (Check at least one	box)			
☐ State		ge or Court Commission	er (Statewide Jurisdiction)	
	ПСог	unty of		
City of Costa Mesa, CA				
City of		01		***************************************
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2015				
December 31, 2015.	•	heck one)		40.06
The period covered is	, through	leaving office.	anuary 1, 2015, through the dat	le oi
December 31, 2015.	-or-	•	, thro	ouah
Assuming Office: Date assumed/	<u></u>	the date of leaving office		
Candidate: Election year 2016	and office sought, if different than	Part 1:		
,			2	
4. Schedule Summary (must complete)	► Total number of pages	including this cove	r page:	
Schedules attached				
Schedule A-1 - Investments - schedule attac			siness Positions - schedule atta	ached
Schedule A-2 - Investments - schedule attac		D - Income - Gifts - sche		
Schedule B - Real Property – schedule attac	hed Schedule I	≟ - Income – Gifts – Trav	vel Payments – schedule attach	ea
-Or-	achadula			
None - No reportable interests on any	scriedule			7001250374
5. Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	
(Pusinges or Agency Address Recommended - Public Document)		<i>(</i> 3 <i>(</i>)		>
7.0. Box 1325	LostA Musa E-MAIL ADDRI	9 <u>C</u> 14	92628	
(7/4) 287 - 0558	E-WAIL ADDIN	iv humsh R	Lawla Att. 1	Jet.
I have used all reasonable diligence in preparing this	statement. I have reviewed this state	ement and to the best of	my knowledge the information co	ontained
herein and in any attached schedules is true and cor	nplete. I acknowledge this is a pub	lic document.		
I certify under penalty of perjury under the laws of	of the State of California that the	foregoing is true and co	orrect.	
8/12/2011				
Date Signed(month, day, year)	Signature	(File the originally signed	d statement with your filips official.)	
friedrich gold Jami		-	FPFC Form 700 (20:	15/2016)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Jay Humphray

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
State Street - Duront Connection	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Parsin Trust Lung	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
NIA - Ratings	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
·	
OROGO MOOME PEOENTE	GROSS INCOME RECEIVED
GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	(Describe)
(Describe)	
Other (Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's es:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
1)/A	
ADDRESS (Business Address Acceptable)	%
ADDITEGO (Basilless Madress Mosspiasio)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
DOGINEGO ACTIVITI, II ARTI, OI LERDEN	_
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	City
\$1,001 - \$10,000	
	Guarantor
\$10,001 - \$100,000	_
OVER \$100,000	Other(Describe)

Comments:	

SCHEDULE D Income – Gifts



▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
SADDE RANCH Chay House	
Restaurant - 1870 Harber Blod	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
VIA JANE GillESPIE The TRIANGE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
7,29,2016: 50 Gift Crestificate	
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
	\$
\$	\$
Comments:	