CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER *(LAST)* GLABB *(FIRST)* SCOTT *(MIDDLE)* Leonard

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Costa Mesa

Your Position: Parks, Arts + Comn. Service Commissioner

Division, Board, Department, District, if applicable
District 1

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

Agency: _____   Position: _____

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

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☑ City of Costa Mesa

☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, 2020, through December 31, 2020.
-or-
The period covered is ___/___/___, through December 31, 2020.

☑ **Assuming Office:** Date assumed 2/2/2021

☐ **Leaving Office:** Date Left ___/___/___
(Check one circle.)
○ The period covered is January 1, 2020, through the date of leaving office.
-or-
○ The period covered is ___/___/___, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary *(must complete)*   ▶ *Total number of pages including this cover page:* _____

Schedules attached

☐ **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. Verification

MAILING ADDRESS   STREET
(Business or Agency Address Recommended - Public Document)
77 Fair Dr   CITY Costa Mesa   STATE CA   ZIP CODE 92626

DAYTIME TELEPHONE NUMBER (714) 609-6607   EMAIL ADDRESS Scott.Glabb@CostaMesaca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/22/2021 *(month, day, year)*   Signature ███████████

(File the originally signed paper statement with your filing official.)

Print   Clear