## CALIFORNIA FORM / UU FAIR POLITICAL PRACTICES COMMISSION

## **COVER PAGE** A PUBLIC DOCUMENT

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Please type or print in ink.  IAME OF FILER (LAST) (EIRST)		22 NOV -7 PM 1:
ZVOLLEMAN Hejli	Ell-en	
. Office, Agency, or Court	C1/4n	PITY OF FOSTA WES
Agency Name (Do not use acronyms)		hand the same of t
Costa Mesa		
Division, Board, Department, District, if applicable	Your Position	
	Arts Commission, Commissione	r
▶ If filing for multiple positions, list below or on an attachment. (Do not us	se acronyms)	
Agency:	Position:	
Jurisdiction of Office (Check at least one box)		_
State	Judge, Retired Judge, Pro Tem Judge, or (Statewide Jurisdiction)	Court Commissioner
Multi-County	County of	
Xcity of Costa Mesa	Other	
Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2021, through December 31, 2021.	Leaving Office: Date Left/(Check one circle.)	J
The period covered is/, through December 31, 2021.	<ul> <li>The period covered is January 1, 202 leaving office.</li> </ul>	1, through the date of
Assuming Office: Date assumed 1/13, 2022	The period covered is/	, through
Candidate: Date of Election and office sough	t, if different than Part 1:	
Schedule Summary (must complete) ► Total number	r of pages including this cover page:	2
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Position	ns – 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
N		
Or- None - No reportable interests on any schedule  Verification		
Verification  MAILING ADDRESS STREET CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)	Cox Men Ca	60
DAYTIME TELEPHONE NUMBER	TEMAIL ADDRESS	72626
(714) 780 2130	hz & ocma	.anA
I have used all reasonable diligence in preparing this statement. I have revi herein and in any attached schedules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge	the information contained
I certify under penalty of perjury under the laws of the State of California	· a	
	Signature	
(month, day, year)	(File the originally signed paper statement with	our filing official.)

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700  FAIR POLITICAL PRACTICES COMMISSION
Name Heidi Wyceman

1. INCOMÉ RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Ovarje Comb MisemofRA	a	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
	9	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Cost Mesn CA 92626		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
CIED A Dureth	TOOK BOOKEGO FOOTHON	
000 4 10100 10		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000	
\$10,001 - \$100,000 PER \$100,000	S10,001 - \$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 (For self-employed use Schedule A-2.)	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.)	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	Other	
(Describe)	(Describe)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD	
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
ADDRESS (Business Address Acceptable)	% None	
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD	Street address	
\$500 - \$1,000		
\$1,001 - \$10,000	City	
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other(Describe)	
	(Describe)	
Comments:		
Comments:		