

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Figueredo-Wilson

Michelle

18 JUL 31 PM 4:53

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Costa Mesa

CITY OF COSTA MESA
BY [REDACTED]

Division, Board, Department, District, if applicable

Your Position

City Council Member District 4

► 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 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, 2015, through December 31, 2015.

-or-

The period covered is / / , through December 31, 2015.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2015, through the date of leaving of office.

-or-

☐ The period covered is / / , through the date of leaving of office.

☐ Assuming Office: Date assumed / /

☒ Candidate: Election year 2018 and of office sought, if different than Part 1:

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 1

Schedules attached

☐ 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 interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

Costa Mesa CA 92627

DAYTIME TELEPHONE NUMBER

(949) 220-3813

E-MAIL ADDRESS

Michelle@VoteMichelle.net

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

7/31/18

(month, day, year)

Signature

(File the originally signed statement with your filing of this.)

FFPC Form 700 (2015/2016)

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