

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
McNabb Lizabeth

CITY OF COSTA MESA
 BY [Redacted]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly - District 74
 Division, Board, Department, District, if applicable
District 74
 Your Position
District Coordinator

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

Agency: **City of Costa Mesa** Position: **Parks and Recreation Commissioner**

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, 2019, through December 31, 2019.
 -or- The period covered is _____ through December 31, 2019.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
 -or-
 The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 9

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)
19712 MacArthur Blvd #150 Irvine CA 92612
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(949) 251-0074 liz.mcnabb@asm.ca.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 3/31/20
 (month, day, year)

Signature [Redacted]

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

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.



▶ NAME OF BUSINESS ENTITY
Alliance Bernstein

GENERAL DESCRIPTION OF THIS BUSINESS
Large Cap Growth Index Fun

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ING Balance Fund

GENERAL DESCRIPTION OF THIS BUSINESS
Index Fund

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

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 _____ / _____ / 19 _____ / _____ / 19
 ACQUIRED DISPOSED

Filer's Verification

Print Name Lizabeth McNabb

Office, Agency or Court California State Assembly

Statement Type 2019/2020 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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Date Signed 3/31/20
(month, day, year)

Filer's Signature _____

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Ralis Services

ADDRESS (Business Address Acceptable)
1 City Blvd W. #600, Orange, CA 92868

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Service

YOUR BUSINESS POSITION
Engineer

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
VoIP Engineering, LLC

ADDRESS (Business Address Acceptable)
1641 Briar Rose, Costa Mesa CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Network Consulting services

YOUR BUSINESS POSITION
Owner

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

Comments: _____

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Filer's Verification

Print Name Lizabeth McNabb Office, Agency or Court California State Assembly District

Statement Type 2019/2020 Annual _____ Annual Assuming Leaving Candidate
 (yr)

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

Date Signed 3/31/20 Filer's Signature _____
 (month, day, year)

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Building Industry Association

ADDRESS *(Business Address Acceptable)*
24 Executive Park, Irvine

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Monthly meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 19</u>	<u>\$ 20</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Orange County Forum

ADDRESS *(Business Address Acceptable)*
4110 MacArthur, Irvine

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 18 / 19</u>	<u>\$ 40</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
CHOC

ADDRESS *(Business Address Acceptable)*
1201 W La Veta, Orange

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative update

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 30 / 19</u>	<u>\$ 18</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Metropolitan Water District

ADDRESS *(Business Address Acceptable)*
18700 Ward St., Fountain Valley

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Monthly meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 31 / 19</u>	<u>\$ 12</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Transportation Corridor Agency

ADDRESS *(Business Address Acceptable)*
125 Pacifica, Irvine

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Quarterly meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 12 / 19</u>	<u>\$ 15</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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Print Name Lizabeth McNabb

Office, Agency or Court California Assembly

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 _____ Annual Candidate
(yr)

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Date Signed 3/31/20
(month, day, year)

Filer's Signature

Comments: _____

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District

ADDRESS (Business Address Acceptable)
18700 Ward St. Fountain Valley

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 21 / 19</u>	<u>\$ 35</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Orange County Grant Makers

ADDRESS (Business Address Acceptable)
2002 N Main St, Santa Ana

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 26 / 19</u>	<u>\$ 35</u>	<u>Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Orange County Transportation Authority

ADDRESS (Business Address Acceptable)
550 South Main, Orange

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Quarterly Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 04 / 19</u>	<u>\$ 15</u>	<u>Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Orange County Realtors

ADDRESS (Business Address Acceptable)
18000 Von Karman

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 08 / 19</u>	<u>\$ 40</u>	<u>Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Independent Special District Meeting

ADDRESS (Business Address Acceptable)
18700 Ward St. Fountain Valley

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 28 / 19</u>	<u>\$ 18</u>	<u>Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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(month, day, year)

Filer's Signature

Comments: _____

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Costa Mesa Chamber of Commerce

ADDRESS (Business Address Acceptable)
600 Anton Costa Mesa

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 19</u>	<u>\$ 30</u>	<u>Lunch</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Orange County Auto Dealers Assn. Annual Lunch

ADDRESS (Business Address Acceptable)
3800 South Coast Plaza Dr., Costa Mesa

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 19 / 19</u>	<u>\$ 40</u>	<u>Lunch</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Laguna Beach Chamber of Commerce

ADDRESS (Business Address Acceptable)
30801 Pacific Coast Hwy South, Laguna Beach

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 02 / 19</u>	<u>\$ 45</u>	<u>Lunch</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles Chargers

ADDRESS (Business Address Acceptable)
2701 Fairview Dr, Costa Mesa

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meet with ownership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 25 / 19</u>	<u>\$ 40</u>	<u>Lunch</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
South Coast Plaza

ADDRESS (Business Address Acceptable)
3333 Bristol St, Costa Mesa

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Festival of Children Charity kickoff

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 04 / 19</u>	<u>\$ 40</u>	<u>Reception</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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Print Name Lizabeth McNabb


Office, Agency or Court California State Assembly

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Filer's Signature 

Comments: _____

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Newport Chamber of Commerce

ADDRESS *(Business Address Acceptable)*
1221 West Coast Hwy, Newport Beach

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Forecast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 23 / 19</u>	<u>38</u>	<u>Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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