CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS TY CLERK

COVER PAGE AMENDMENT 20 APR -2 AM 8: 52 Please type or print in Ink. NAME OF FILER (LAST) (FIRST) McNabb Lizabeth 1. Office, Agency, or Court Agency Name (Do not use acronyms) California State Assembly - District 74 Division, Board, Department, District, if applicable Your Position District 74 **District Coordinator** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: City of Costa Mesa Parks and Recreation Commissioner 2. Jurisdiction of Office (Check at least one box) X 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 Leaving Office: Date Left ____/_ December 31, 2019. (Check one circle.) -or-The period covered is _____/_ O The period covered is January 1, 2019, through the date of December 31, 2019. leaving office. -or-

Assuming Office: Date assumed	The peno	d covered is of leaving office.	, through	gh
Candidate: Date of Electionand				_
Schedule Summary (must complete) ▶ 7 Schedules attached	otal number of pages including	g this cover	page:9	
 ☑ Schedule A-1 - Investments - schedule attached ☑ Schedule A-2 - Investments - schedule attached ☑ Schedule B - Real Property - schedule attached ▷ Schedule B - Real Property - schedule attached ▷ Schedule B - Real Property - schedule attached ▷ Schedule B - Real Property - schedule attached ▷ Schedule B - Real Property - schedule attached ▷ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached ○ Schedule B - Real Property - schedule attached	Schedule D - Income Schedule E - Income	- Gifts - sched	ness Positions – schedule attach ule attached Payments – schedule attached	
Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
19712 MacAruthur 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 stateme herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the S	I acknowledge this is a public documen	t.		ined
Date Signed	Signature		o.,	
(month, day, year)	(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.

FAIR POLITICAL PRACTICES COMMISSION

CALIFORNIA FORM

AMENDMENT

	Do not attach brokerage	or financial statements.
► NAME OF BUSINESS EN	TITY	► NAME OF BUSINESS ENTITY
Alliance Bernstein		ING Balance Fund
GENERAL DESCRIPTION	OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Large Cap Growth I	ndex Fun	Index Fund
FAIR MARKET VALUE		FAIR MARKET VALUE
\$2,000 - \$10,000	× \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000	Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT		NATURE OF INVESTMENT
	(Describe)	Stock Other (Describe)
Partnership Income	Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DAT	ΓE:	IF APPLICABLE, LIST DATE:
	//_19_	
ACQUIRED	DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENT	「ITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION	OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE		FAID MARKET MALLIE
\$2,000 - \$10,000	\$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	- -	
Stock Other _		NATURE OF INVESTMENT Stock Other
□ Bodnombin O lessons 5	(Describe)	(Describe)
Partnership Income F	Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IE ABB. 12		
IF APPLICABLE, LIST DAT	E:	IF APPLICABLE, LIST DATE:
	/	/
ACQUIRED	DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENT	ITY	Filer's Verification
GENERAL DESCRIPTION	OF THIS BUSINESS	Print Name Lizabeth McNabb
		Office, Agency California State Assembly
FAIR MARKET VALUE		
\$2,000 - \$10,000	\$10,001 - \$100,000	Statement Type 2019/2020 Annual Assuming Leaving
\$100,001 - \$1,000,000	Over \$1,000,000	Annual Candidate
NATURE OF INVESTMENT	1	I have used all reasonable diligence in preparing this statement. I have
Stock Other	(Describe)	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
Partnership O Income R		
	Received of \$500 or More (Report on Schedule C)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
IF APPLICABLE, LIST DATE	Ε:	3/31/20
/ <u>/_19</u>	//_19	Date Signed
ACQUIRED	DISPOSED	
		Filer's Signature

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM / UU FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Costa Mesa	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 19
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	l lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	Filer's Verification
	Lizabeth McNabb
ADDRESS (Business Address Acceptable)	Office, Agency California State Assembly
BUSINESS ACTIVITY, IF ANY, OF LENDER	or Court
INTEDEST DATE TEDM (Manufacture)	Statement Type 2019/2020 Annual Assuming Leaving Output Description: Statement Type 2019/2020 Annual Assuming Leaving Candidate
INTEREST RATE TERM (Months/Years) ———————————————————————————————————	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.
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$10,001 - \$100,000 OVER \$100,000	Validating the foregoing is the and correct.
☐ Guarantor, if applicable	Date Signed (month, day, year)
	Filer's Signature
comments:	

SCHEDULE C Income, Loans, & Business Positions

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

(Other than Gifts and Travel Payments)

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
California Assembly	Meridian Network Services		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
19712 MacArthur #150	32561 Pila De Gracia		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
	Telecom Agent/Broker		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
District Coordinator	Consultant		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only		
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq		
	▼ \$10,001 - \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
▼ Salary	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		
	Sales commission		
(Describe)	(Describe)		
Other(Describe)	Other(Describe)		
(Describe)	(Describe)		
Comments:			
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	EDIOD		
+			
	ion, or any indebtedness created as part of a retail installment or credit		
card transaction, made in the lender's regular course of business on to			
status. Personal loans and loans received not in a lender's regular co			
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
	%		
ADDRESS (Business Address Acceptable)			
	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
BUSINESS ACTIVITY, II ANY, OF LENDER			
	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD			
\$500 - \$1,000	City		
	Consented		
\$1,001 - \$10,000	Guarantor		
<u>\$10,001 - \$100,000</u>	Other		
OVER \$100,000	(Describe)		
Filer's Verification			
Drint Name Lizabeth McNabb	gency or Court California Assembly District 74		
Print Name Cizabeth Workdob Office, Ag	gency or Court		
Statement Type 2019/2020 Annual Annual Assu	ming Leaving Candidate		
I have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete.			
I certify under penalty of perjury under the laws of the State of Cal	ifornia that the foregoing is true and correct.		
2/3/120	1.0:		
Date Signed 5/31/20 File	er's Signature		
(month, day, year)			

SCHEDULE C Income, Loans, & Business Positions

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

(Other than Gifts and Travel Payments)

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Ralis Services	VolP Engineering, LLC		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1 City Blvd W. #600, Orange, CA 92868	1641 Briar Rose, Costa Mesa CA 92626		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Financial Service	Network Consulting services		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Engineer	Owner		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,000 \$1,000		
☐ \$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 (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			
(Describe)	Other(Describe)		
Comments			
Comments: ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	FRICE		
+			
You are not required to report loans from a commercial lending institution card transaction, made in the lender's regular course of business on te	on, or any indebtedness created as part of a retail installment or credit		
status. Personal loans and loans received not in a lender's regular cou			
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
	« ¬¬ »		
ADDRESS (Business Address Acceptable)	%		
	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Street address		
\$500 - \$1,000	City		
\$1,001 - \$10,000	,		
	Guarantor		
S10,001 - \$100,000 OVER \$100,000	Other		
	(Describe)		
Filer's Verification			
Print Name Lizabeth McNabb Office, Ag	ency or Court California State Assembly District		
Statement Type 2019/2020 Annual Annual Assur			
have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete.			
certify under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.		
Date Signed 3 3 1 20 File	r's Signature		

▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
Building Industry Association		Orange Count		
ADDRESS (Business Address Acceptable)			ss Address Acceptab	vie)
24 Executive Park, Irvine		4110 MacArth	•	107
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE		TY, IF ANY, OF SO	URCF
Monthly meeting		Annual meetin		5110 <u>-</u>
DATE (mm/dd/yy) VALUE [DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)
01 16 19 \$20	Lunch	1 , 18 , 19	\$ <mark>40</mark>	Lunch
\$			\$	
/\$			\$	
► NAME OF SOURCE (Not an Acronym) CHOC		► NAME OF SOURCE Metropolitan W		
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptabl	/e)
1201 W La Veta, Orange		18700 Ward S	t., Fountain Va	lley
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE	BUSINESS ACTIVI	TY, IF ANY, OF SOL	JRCE
Legislative update		Monthly meetir	ng	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 30 19 \$18 L	unch	01,31,19	\$	Lunch
			\$	
\$			\$	
NAME OF SOURCE (Not an Acronym)		Filer's Verifica	ition	
Transportation Corridor Agency	<u> </u>	Lizabe	th McNabb	
ADDRESS (Business Address Acceptable)		Print Name		
125 Pacifica, Irvine		Office, Agency Cali	fornia Assembl	ly
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE	P ₁		
Quartery meeting		Statement Type		_
DATE (mm/dd/yy) VALUE D	ESCRIPTION OF GIFT(S)	_]Annual	Candidate
02 12 19 15 L	unch	reviewed this stateme	ent and to the best of	preparing this statement. I have of my knowledge the information chedules is true and complete.
/			alty of perjury ur	der the laws of the State of
\$		Date Signed	3/31/20 (month,	day, year)
		Filer's Signature		_

Comments:



▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District	Orange County Realtors
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
18700 Ward St. Fountain Valley	18000 Von Karman
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Dinner	Luncheon
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
02 , 21 , 19	03 , 08 , 19
	\$
\$	\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Orange County Grant Makers	Independent Special District Meeting
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2002 N Main St, Santa Ana	18700 Ward St. Fountain Valley
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Luncheon	Meeting
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03 , 26 , 19	03 , 28 , 19
	\$
/\$	\$
▶ NAME OF SOURCE (Not an Acronym)	Filer's Verification
Orange County Transportation Authority	Lizabeth McNabb
ADDRESS (Business Address Acceptable)	Print Name
550 South Main, Orange	Office, Agency California State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Quarterly Luncheon	Statement Type 2019/2020 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Annual Candidate
04 , 04 , 19	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 (month, day, year)
	Filer's Signature -

Comments: _____

▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
Costa Mesa Chamber of Commerce	ľ	Orange Count	y Auto Dealers	Assn. Annual Lunch
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	ss Address Acceptal	ole)
600 Anton Costa Mesa BUSINESS ACTIVITY, IF ANY, OF SOURCE		3800 South Co	oast Plaza Dr.,	Costa Mesa
		BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Annual Luncheon	1	Annual Lunche		
DATE (mm/dd/yy) VALUE DESCRIPTI	ON OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 10 19 30 Lunch		04 , 19 , 19	40	Lunch
			\$	
/			\$	
		//	\$	
▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym)	
Laguna Beach Chamber of Commerce		Los Angeles C	hargers	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptab	le)
30801 Pacific Coast Hwy South, Laguna	Beach	2701 Fairview	Dr, Costa Mes	a
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVI	TY, IF ANY, OF SO	URCE
Annual Luncheon		Meet with own	ership	
DATE (mm/dd/yy) VALUE DESCRIPTIO	ON OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 021, \$45 Lunch		07 , 25 , 19	\$	Lunch
			\$	
			\$	
NAME OF SOURCE (Not an Acronym)		Filer's Verifica	tion	
South Coast Plaza	- 11	Lizabe	th McNabb	
ADDRESS (Business Address Acceptable)		Print Name	TIVIOITADD	
3333 Bristol St, Costa Mesa		Office, Agency Cali	fornia State As	sembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Festival of Children Charity kickoff		Statement Type	_	_
DATE (mm/dd/yy) VALUE DESCRIPTIO	N OF GIFT(S)		Annual	Candidate
09 04 19 \$40 Reception		reviewed this stateme	nt and to the best	preparing this statement. I have of my knowledge the information schedules is true and complete.
\$			ilty of perjury ur	nder the laws of the State of
\$		Date Signed	3/31/20 (month,	day, year)
	11	Filor's Signature	9	
	I L	Filer's Signature		

Comments:

► NAME OF SOURCE (Not an Acronym) Newport Chamber of Commerce	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 1221 West Coast Hwy, Newport Beach	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Economic Forecast	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 23 19 \$38 Lunch	
▶ 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)	Filer's Verification
ADDRESS (Business Address Acceptable)	Print Name Lizabeth McNabb
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Office, Agency California State Assembly
	Statement Type 2019/2020 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Annual Candidate 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 (month, day, year)
	Filer's Signature

Comments: