

Please type or print in ink.

21 JAN 19 PM 2:52  
 (MIDDLE)

NAME OF FILER (LAST) Genis (FIRST) Sandra

CITY OF COSTA MESA  
 BY \_\_\_\_\_

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Costa Mesa

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

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

Agency: Orange County Mosquito and Vector Control District

Position: Board Member

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

State

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

Multi-County (SCAG region, see attachment)

County of Orange

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.

Leaving Office: Date Left dec / 1 / 2020  
 (Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2020.

The period covered is January 1, 2020, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

-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 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)

77 Fair

Costa MEsa

CA

92626

DAYTIME TELEPHONE NUMBER

(714 ) 754-0814

E-MAIL ADDRESS

slgenis@aol.com

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

Jan 19 2021

(month, day, year)

Signature

[Redacted Signature]

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Genis Sandra L. Genis L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Costa Mesa

Division, Board, Department, District, if applicable

Your Position

Council Member

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

Agency: Southern California Association of Governments

Position: Energy and Environment Committee Member

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 Orange

City of Costa Mesa Ca.

Other

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

Annual: The period covered is January 1, 2019, through  
December 31, 2019.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2019.

The period covered is January 1, 2019, through the date of  
leaving office.

-or-

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
the date of leaving office.

The period covered is Jan / 1 / 2020, 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 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)

77 Fair Drive Costa Mesa, CA. 92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

( 714-75)

sandra.genis@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 Jan. 19 2021  
(month, day, year)

Signature [Redacted Signature]

(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  
**Allstate Corporation**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Inisurance**

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:  
 \_\_\_\_/\_\_\_\_/20    \_\_\_\_/\_\_\_\_/20  
 ACQUIRED    DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Discover Financial Services**

GENERAL DESCRIPTION OF THIS BUSINESS  
**financial Services**

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:  
 \_\_\_\_/\_\_\_\_/20    \_\_\_\_/\_\_\_\_/20  
 ACQUIRED    DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Morgan Stanley**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Financial Services**

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:  
 \_\_\_\_/\_\_\_\_/20    \_\_\_\_/\_\_\_\_/20  
 ACQUIRED    DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Lands' End Inc.**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Retail**

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:  
 \_\_\_\_/\_\_\_\_/20    \_\_\_\_/\_\_\_\_/20  
 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:  
 \_\_\_\_/\_\_\_\_/20    \_\_\_\_/\_\_\_\_/20  
 ACQUIRED    DISPOSED

**Filer's Verification**

Print Name Sandra L. Genis

Office, Agency or Court City of Costa Mesa

Statement Type     2020/2021 Annual     Assuming     Leaving  
 \_\_\_\_\_ Annual     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 Jan 19, 2021  
(month, day, year)

Filer's Signature \_\_\_\_\_

Comments: