## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS RECEIVED RECEIVED COVER PAGE CITY CLERK

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22 AUG -8 AM 9: 36

Chaves	Manuel	14	(MIDDLE)	TY OF COSTA MESA	
. Office, Agency, or Court	***	- VI		Proceedings of the Party of the	
Agency Name (Do not use acronyms)					
Costa Mesa City Council	District 4	Coun	<i>almember</i>		
Division, Board, Department, District, if applicable		Your Positi			
▶ If filing for multiple positions, list below or on	an attachment. (Do not us	se acronyms)			
Agency:		Position:	Position: ———		
. Jurisdiction of Office (Check at least	one box)				
State	<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>				
Multi-County		County o	County of		
City of Costa Mesa		Other			
. Type of Statement (Check at least one	box)				
Annual: The period covered is January 1, 2021.	2021, through	Leaving	Office: Date Left(Check one		
The period covered is/ December 31, 2021.	/, through		period covered is Januar ng office.	y 1, 2021, through the date of	
Assuming Office: Date assumed/_	the assumed/, through the date of leaving office.				
Candidate: Date of Election 11/9/21	and office sough	t, if different than Pa	art 1:		
Schedule Summary (must complete Schedules attached	e) ► Total number	of pages inclu	ding this cover pa	ge: /	
Schedule A-1 - Investments - schedule a	attached	Schedule C - Inc	come, Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investments – schedule a	ments – schedule attached Schedule D - Income – Gifts – schedule attached				
Schedule B • Real Property – schedule a	attached	Schedule E - Inc	come – Gifts – Travel Pa	yments - schedule attached	
Or- 🔫 None - No reportable interests o	on any schedule				
. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY nt)	14	STATE	ZIP CODE	
_714 W. Zoth St. Apt	A Cosk	Mess	CA	72227	
DAYTIME TELEPHONE NUMBER (949) 274-2305		EMAIL ADDRESS	rz7345@ 5/mil.	CeeMa.	
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	his statement. I have revie complete. I acknowledge	ewed this statement	and to the best of my kn		
I certify under penalty of perjury under the la				<u> </u>	
Date Signed 8/1/21	5	ignature			
(month, day, year)	-		File the originally signed paper state	ement with your filing official.)	