

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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NAME OF FILER (LAST) Genis (FIRST) Sandra L. Genis (MIDDLE) L. CITY OF COSTA MESA
BY GAG

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: 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

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 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: 3

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 June 2, 2020
(month, day, year)

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

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Attachment to p. 1
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Your Position

Council Member

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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.

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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.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Sandra L. Genis

▶ NAME OF BUSINESS ENTITY
Allstate Corp.

GENERAL DESCRIPTION OF THIS BUSINESS
Insurance

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:
____/____/18 ____/____/18
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:
____/____/18 ____/____/18
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Land's 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:
____/____/18 ____/____/18
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:
____/____/18 ____/____/18
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
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(Describe)

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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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ACQUIRED DISPOSED

Comments: _____