AN2012

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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CITY OF IRVINE
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FAIR POLITICAL PRACTICES COMMISSION
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
LALLOWAY	JEFFREY	

1. Office, Agency, or Court

Agency Name
CITY OF IRVINE

Division, Board, Department, District, if applicable: CITY COUNCIL

Your Position: COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHED

Position:

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

- ☐ State
- ☐ Multi-County
- ☑ City of IRVINE
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of
- ☐ Other

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

☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is __/__/__, through December 31, 2012.

☑ **Assuming Office:** Date assumed 01 / 08 / 2013

☑ **Leaving Office:** Date Left 01 / 08 / 2013
(Check one)

○ The period covered is January 1, 2012, through the date of leaving office.

○ The period covered is __/__/__, through the date of leaving office.

☐ **Candidate:** Election year ____ and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:***

- ☑ **Schedule A-1** - *Investments* – schedule attached
- ☑ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☑ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☑ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

[redacted]

herein and in any attached schedules is true and complete. I ack[redacted]

I certify under penalty of perjury under the laws of the State [redacted]

Date Signed 2/7/13
(month, day, year)

EXPANDED STATEMENT
Mayor Pro Tem Jeffrey Lalloway

Attachment to Form 700
2012 Annual Filing

Following is a list of agencies I am a boardmember of as Councilmember of the City of Irvine:

1) Irvine City Council (Councilmember)
2) Irvine Industrial Development Authority
3) Irvine Public Facilities and Infrastructure Authority
4) Orange County Great Park Corporation
5) Orange County Council of Government (Alternate)
6) Irvine Successor Agency to dissolved Redevelopment Agency
7) Orange County Transportation Authority
8) Orange County Council of Governments (Alternate) (Assuming Office 1/8/13)

Attachment to Form 700
Leaving Office Filing

1) Orange County Sanitation District (Leaving Office 1/8/13)

Attachment to Form 700
Assuming Office Filing

1) Orange County Fire Authority (Delegate) (Assuming Office 1/8/13)
2) Irvine Community Land Trust (Delegate) (Assuming Office 1/8/13)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jeffrey Lalloway

▶ NAME OF BUSINESS ENTITY
Johnson and Johnson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceuticals

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
___/___/11 ___/___/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
diversified 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:
___/___/11 ___/___/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
___/___/11 ___/___/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
___/___/11 ___/___/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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
___/___/11 ___/___/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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
___/___/11 ___/___/11
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jeffrey Lalloway

1. BUSINESS ENTITY OR TRUST

Law Office of Jeffrey Lalloway
Name
19200 Von Karman Ave., Ste. 600, Irvine, CA 92612
Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ owner Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach additional sheets if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other
☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE
__/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach additional sheets if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other
☐ Check box if additional schedules reporting investments or real property are attached

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jeffrey Lalloway

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Novartis Pharmaceuticals

ADDRESS (Business Address Acceptable)
East Hanover, NJ

BUSINESS ACTIVITY, IF ANY, OF SOURCE
pharmaceuticals

YOUR BUSINESS POSITION
Medical Science Liasion

GROSS INCOME RECEIVED
- ☐ $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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, list each source of $10,000 or more
- ☐ Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City of Irvine

ADDRESS (Business Address Acceptable)
1 Civic Center Plaza, Irvine, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Councilmember

GROSS INCOME RECEIVED
- ☐ $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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, list each source of $10,000 or more
- ☒ Other stipend (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ Street address
- _____ City
- ☐ Guarantor
- ☐ Other _____ (Describe)

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
OC Sanitation District

ADDRESS *(Business Address Acceptable)*
Fountain Valley, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Board of Directors

GROSS INCOME RECEIVED
- ☐ $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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☒ Other stipend *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor
- ☐ Other _____ *(Describe)*

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
JEFFREY LALLOWAY

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
ORANGE COUNTY BUSINESS COUNCIL
ADDRESS *(Business Address Acceptable)*
IRVINE, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 12	$ 250	TICKET, BIZ PAC
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
HERITAGE FIELDS LLC
ADDRESS *(Business Address Acceptable)*
ALISO VIEJO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
REAL ESTATE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 12	$ 150	TICKET FATHER YR
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
AT&T
ADDRESS *(Business Address Acceptable)*
TUSTIN, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
TELECOMMUNICATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 12	$ 60	CHAIRMANS BRKFST
/ /	$	
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

Comments: