## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print	in ink.			CITY CLERK'S DEC
NAME OF FILER (LAST	) (FIRST)		(MIDDLE	
Jackson	Brend	ab	Kaye	
1. Office, Agen	cy, or Court			
Agency Name (I	Do not use acronyms)			
City of Garde	na Planning			
Division, Board, D	Department, District, if applicable		Your Position	
			Planning Commissioner	
► If filing for mul	tiple positions, list below or on an attachm			
P II IIIIII IOI IIIII	uple positions, list below of oil all attachm	ient. (Do not us	se acronyms)	
Agency:			Position:	
)E				
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	
City of Gard				
			Other	
<ol><li>Type of Stat</li></ol>	ement (Check at least one box)			
Dec	e period covered is January 1, 2020, throusember 31, 2020.	gh	Leaving Office: Date Left	one circle.)
	e period covered is/	, through	<ul> <li>The period covered is Jan leaving office.</li> </ul>	nuary 1, 2020, through the date of
	::D		-or-	I I in a second
☐ Assuming O	ffice: Date assumed		the date of leaving office.	, through
☐ Candidate:	Date of Election a	nd office sought	t, if different than Part 1:	
Schedule Su	mmary (must complete) ▶ 7	Total number	of name including this save	
Schedules a		otal number	or pages including this cover	page;
ochedules a	ttacheu			
The second second	A-1 - Investments schedule attached		Schedule C - Income, Loans, & Busin	
	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
au E Nana	N			
	No reportable interests on any so	hedule		
5. Verification	2.79			
MAILING ADDRESS (Business or Agency A	STREET  ddress Recommended - Public Document	CITY	STATE	ZIP CODE
1700 W. 162n		Garde	na Ca	90247
DAYTIME TELEPHON	NUMBER		EMAIL ADDRESS	
( )				
I have used all rea herein and in any	sonable diligence in preparing this stateme attached schedules is true and complete.	ent. I have revie I acknowledge	wed this statement and to the best of my this is a public document.	knowledge the information contained
I certify under pe	nalty of perjury under the laws of the S	State of Californ	nia that the foregoing is true and corr	ect.
Date Signed Ap	ril 5, 2021			
Date signed AP	(month, day, year)	S	ignature	statement with your filing official.)
			· · · · · · · · · · · · · · · · · · ·	- January