1. Office, Agency, or Court

Agency Name: CITY OF ANAHEIM
Division, Board, Department, District, if applicable: City Administration – Council Assistants
Your Position: Senior Policy Aide

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

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

☐ State
☐ Multi-County ____________________________
☐ City of Anaheim ____________________________
☐ County of ____________________________
☐ Other ____________________________

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

☐ Annual: The period covered is January 1, 2016, through December 31, 2016
- or -
The period covered is ______/_____/______, through December 31, 2016

☐ Leaving Office: Date Left ______/_____/______
(Check one)
☐ The period covered is January 1, 2016, through the date of leaving office.
☐ The period covered is ______/_____/______, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/______

☐ Candidate: Election Year ____________________________ and office sought, if different than Part 1: ____________________________

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

Schedules attached
☐ 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

5. Verification

MAILING ADDRESS ____________________________ STREET ____________________________
(City or Agency Address Recommended - Public Document) ____________________________ CITY ____________________________ STATE __________ ZIP CODE __________

Anaheim CA 92805

DAYTIME TELEPHONE NUMBER ( ) ____________________________ E-MAIL ADDRESS ____________________________

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 01/27/2017 ____________________________ Signature Crystal Norman
(month, day, year) ____________________________ (Write the originally signed statement with your filing official)
**SCHEDULE D**  
Income – Gifts

**NAME OF SOURCE** (Not an Acronym)

**The Disneyland Resort**

**ADDRESS** (Business Address Acceptable)

Anaheim, CA 92803

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>12/04/16</td>
<td>$366.00</td>
<td>Cadilce Ceremony: 2 Tickets, Parking, Amenity</td>
</tr>
<tr>
<td>08/25/16</td>
<td>$429.56</td>
<td>Endless Summer Event: 2 Tickets, Parking, Food</td>
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**NAME OF SOURCE** (Not an Acronym)

**ADDRESS** (Business Address Acceptable)

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Comments: ____________________________