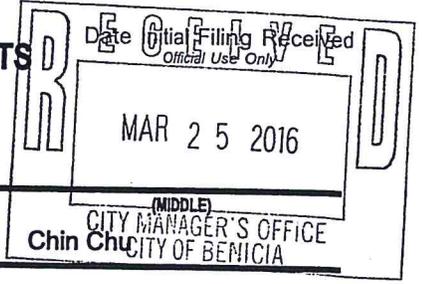


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Mc Laughlin Heather Chin Chu

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Benicia
 Division, Board, Department, District, if applicable
 City Attorney's Office
 Your Position
 City Attorney

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

Agency: Association of Bay Area Governments PLAN Position: Board Member - Representative

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

- State
- Multi-County _____
- City of Benicia
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other See attached.

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is _____, through December 31, 2015.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 7

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 STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 250 East L Street Benicia CA 94510

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (707) 746-4216 hmclaughlin@ci.benicia.ca.us

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 03/24/2016
 (month, day, year)

Signature Heather C. Laughlin
 (File the originally signed statement with your filing official.)

SCHEDULE D Income – Gifts

Name
**HEATHER
MCLAUGHLIN**

▶ NAME OF SOURCE (Not an Acronym)
Bob Livesay

ADDRESS (Business Address Acceptable)
154 East O Street, Benicia, CA 94510

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Resident

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 15	\$ 15.00	Russel Stover Creams
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Mark O'Brien, Environmental Risk Services

ADDRESS (Business Address Acceptable)
1600 Rivera Ave, Suite 310, Walnut Creek, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental Cleanup Consultants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 15	\$ 45.00	2lbs See's Candy
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Mark O'Connell, Berry Wilkinson Law

ADDRESS (Business Address Acceptable)
440 Civic Center Drive, Suite 200, San Rafael, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 15	\$ 45.00	Gourmet cookies
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Nancy Martinez, Benicia Main Street

ADDRESS (Business Address Acceptable)
190 First Street, Benicia CA 94510

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Main Street program

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 15	\$ 45.00	2lbs See's Candy
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Cynthia Gordon Tiffany Roduit, York Risk

ADDRESS (Business Address Acceptable)
1390 Willow Pass Road, Concord, CA 94520

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Risk Management/Claims Adjustment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 15	\$ 18.50	1 lbs See's Candies
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Ted Splitter, Northgate Environmental

ADDRESS (Business Address Acceptable)
428 13th Street, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental cleanup and management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 21 / 15	\$ 27.95	1 dz Socola Chololates
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

Name
**HEATHER
MCLAUGHLIN**

▶ NAME OF SOURCE (Not an Acronym)
Mark Boehme

ADDRESS (Business Address Acceptable)
913 Bradford Court, Benicia, CA 94510

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lawyer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 21 / 15	\$ 18.50	1 lbs See's Candy
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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: _____