CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

City of Carmel-by-the-Sea
Date Initial Filing Received (Office Use Only)
JUL 23 2018
Received by City Clerk

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
HARDY	CAROLYN	D

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF CARMEL-BY-THE-SEA

Division, Board, Department, District, if applicable

Your Position
CITY COUNCIL MEMBER

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

Agency: (SEE ATTACHMENT)

Position: BOARD MEMBER

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

☐ State
☐ Multi-County _____
☒ City of CARMEL-BY-THE-SEA
☐ 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, 2017, through December 31, 2017.
-or-
The period covered is ____/____/____, through December 31, 2017.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)
○ The period covered is January 1, 2017, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.

☒ **Candidate:** Date of Election NOV. 6, 2018 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 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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
PO BOX CC	CARMEL-BY-THE-SEA	CA	93921

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(831) [redacted]	CHARDY824@GMAIL.COM

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 JULY 23, 2018 *(month, day, year)*

Signature [redacted] *(File the originally signed statement with your filing official.)*

SCHEDULE D
Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
HARDY, CAROLYN D.

► NAME OF SOURCE *(Not an Acronym)*
SEVENTH & DOLORES STEAKHOUSE
ADDRESS *(Business Address Acceptable)*
SEVENTH & DOLORES, CARMEL, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
RESTAURANT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/27/17	$ 138	DINNER
__/__/__	$	
__/__/__	$	

► 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)*
PRANCING PONIES FOUNDATION
ADDRESS *(Business Address Acceptable)*
PO BOX 1941, MILL VALLEY, CA 94942
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CHARITABLE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/16/17	$ 100	GIFT BAG, WINE,
__/__/__	$	HAT, COSMETIC, &
__/__/__	$	CAR PRODUCT.

► 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)*
CARMEL YOUTH CENTER
ADDRESS *(Business Address Acceptable)*
FOURTH AVE. AT MISSION ST., CARMEL, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CHARITABLE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/10/17	$ 65	EVENT TICKET
__/__/__	$	
__/__/__	$	

► 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: