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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Received
City of Fowler
Date Received
Official Use Only
City Clerk
Date 3-23-11

FAIR POLITICAL PRACTICES COMMISSION
2011 MAR 25 AM 1:46

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Parra	Daniel	Thomas

1. Office, Agency, or Court

Agency Name: City of Fowler

Division, Board, Department, District, if applicable:

Your Position: Councilman

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

Agency: Five Cities Economic Development Authority Position: Board Member

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

- ☐ State
- ☐ Multi-County
- ☒ City of Fowler
- ☐ Judge (Statewide Jurisdiction)
- ☒ County of Fresno
- ☐ Other

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

○ The period covered is January 1, 2010, through the date of leaving office.

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

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 2

- ☐ **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

Date Signed 3/22/11 *(month, day, year)*

Signatur

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Daniel Thomas Parra

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Waste Management
ADDRESS (Business Address Acceptable)
4333 East Jefferson Ave., Fresno, CA 93725
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 17 / 10	$ 58.00	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
League of California Cities SSJVD Executive Board
ADDRESS (Business Address Acceptable)
PO Box 10656, Bakersfield, CA 93389
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 14 / 10	$ 29.00	Meal
3 / 11 / 10	$ 32.50	Meal
7 / 8 / 10	$ 31.60	Meal

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
League of California Cities SSJVD Executive Board
ADDRESS (Business Address Acceptable)
PO Box 10656, Bakersfield, CA 93389
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 9 / 10	$ 35.70	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: