

AN 2013

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT



STATEMENT OF ECONOMIC INTERESTS

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PRACTICES COMMISSION  
COVER PAGE

2014 MAR 17 PM 2:21

Please type or print in ink.

NAME OF FILER (LAST) YARC (FIRST) MARIELLEN (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Cypress  
Division, Board, Department, District, if applicable  
Your Position  
City Council, Successor Agency, Oversight Board  
Council Member, Agency Member, Board Member

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

Agency: West Cities Communications Center Position: Board Member

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of Orange  
 City of Cypress  Other \_\_\_\_\_

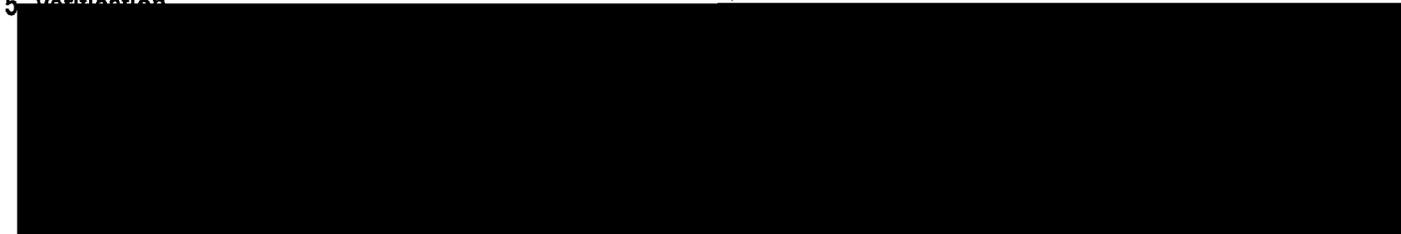
3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2013, through December 31, 2013.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2013.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2013, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 2  
 Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule 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  
-or-  
 None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/11/2014  
(month, day, year)

**SCHEDULE D**  
**Income – Gifts**

Name  
**Mariellen Yarc**

▶ NAME OF SOURCE (Not an Acronym)  
**Union Bank**

ADDRESS (Business Address Acceptable)  
**4125 Ball Road, Cypress, CA 90630**

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>02 / 23 / 13</b>	<b>\$ 225.00</b>	<b>Americana Award Dnr</b>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Forest Lawn Memorial Park**

ADDRESS (Business Address Acceptable)  
**4471 Lincoln Avenue, Cypress, CA 90630**

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 14 / 13</b>	<b>\$ 75.00</b>	<b>Poinsettia Plant</b>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: \_\_\_\_\_