

STATEMENT OF ECONOMIC INTERESTS RECEIVED
COVER PAGE

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CITY CLERK'S DIVISION
CITY OF MIDDLEBURY PARK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Parvin Janice S.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Moorpark
Division, Board, Department, District, if applicable
City Council
Your Position
Mayor

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

Agency: See attached. Position:

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR -4 PM 2:22

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of Ventura
- City of Moorpark Other

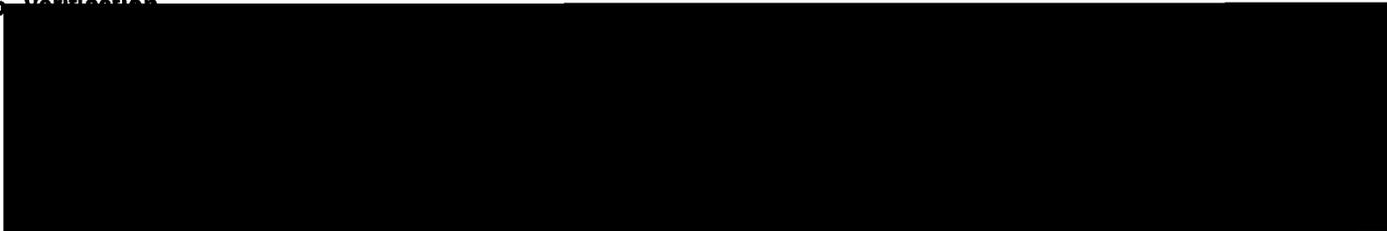
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- Leaving Office: Date Left ____/____/____
- Assuming Office: Date assumed ____/____/____
- 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: 4
- 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
- None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of

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

ATTACHMENT

ADDITIONAL AGENCIES/POSITIONS

Oversight Board to the Successor Agency of the Redevelopment Agency of the City of Moorpark	Board Member
Successor Agency to the Redevelopment Agency of the City of Moorpark	Chair
Industrial Development Authority	Chairperson
Public Financing Authority	President
Ventura County Local Agency Formation Commission	Commissioner
Ventura Council of Governments	Member

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Janice Parvin

▶ NAME OF SOURCE (Not an Acronym)
Simi Valley Hospital Foundation

ADDRESS (Business Address Acceptable)
2975 N. Sycamore Dr., Simi Valley, CA 93065

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 12 / 13	\$ 75.00	Ticket MFA fundraiser
09 / 12 / 13	\$ 75.00	Ticket MFA fundraiser
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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: _____