

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



RECEIVED  
Official Use Only

MAR 05 2014

CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SMITH FRED R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF BUENA PARK

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL

► 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 -2 PM 2:11

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of ORANGE

City of BUENA PARK

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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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: 5

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

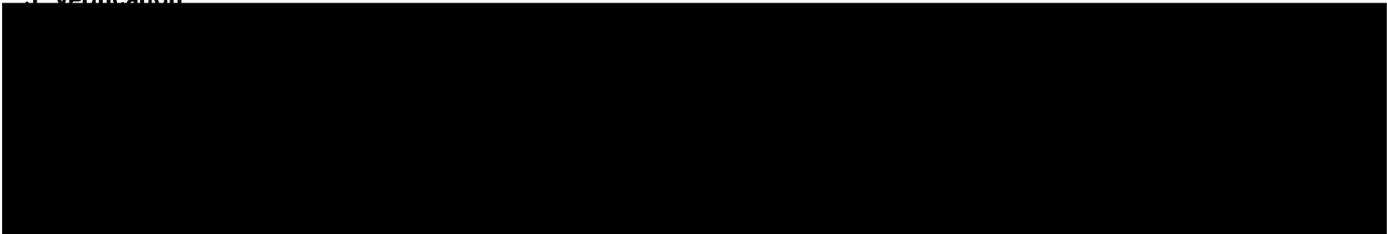
Schedule B - Real Property - schedule attached

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

Date Signed 03/05/2014

(month, day, year)

FORM 700

SMITH, FRED R.

1. Multiple positions.

Agency: Orange County Sanitation District  
Agency: Buena Park Oversight Board

Board Member  
Board Member

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
**FRED R. SMITH**

**▶ 1. BUSINESS ENTITY OR TRUST**

**SMITH AND SONS GLASS**  
Name  
**7521 ORANGETHORPE AVE.**  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**GLASS SHOP**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      / / **13**                      / / **13**  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION **OWNER**

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IN THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None  
**KNOTTS BERRY FARM**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

**SMITH AND SONS GLASS AND SCREENS**  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
**7521 ORANGETHORPE AVE. BUENA PARK, CA. 90621**

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      / / **13**                      / / **13**  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      / / **13**                      / / **13**  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IN THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      / / **13**                      / / **13**  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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



**SCHEDULE D**  
**Income – Gifts**

Name  
**FRED R. SMITH**

▶ NAME OF SOURCE (Not an Acronym)  
**DISNEYLAND CANDLELIGHT CEREMONY**

ADDRESS (Business Address Acceptable)  
**1313 DISNEYLAND DR. ANAHEIM, CA.92804**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**AMUSEMENT PARK**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 07 / 13    | \$ 435.00 | ONE DAY PASS           |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
**KRIKORIAN THEATER**

ADDRESS (Business Address Acceptable)  
**2275 W.90TH ST.SUITE 201TORRANCE,CA.90504**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**MOVIE THEATER**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 05 / 13    | \$ 330.00 | VIP PASS               |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
**KNOTTS BERRY FARM**

ADDRESS (Business Address Acceptable)  
**ONE CEDAR POINT DR.SANDUSKY,OH 44870**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**AMUSEMENT PARK**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 06 / 01 / 13    | \$ 209.98 | ANNUAL PASS            |
| 09 / 27 / 13    | \$ 110.00 | HALLOWEEN HAUNT        |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
**SOUTHERN CALIFORNIA GAS CO.**

ADDRESS (Business Address Acceptable)  
**1919 S. STATE COLLEGE ANAHEIM CA 92804**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**GAS UTILITY PROVIDER**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 23 / 13    | \$ 250.00 | CYPRESS COLLEGE        |
| ___ / ___ / ___ | \$ _____  | AMERICANA AWARD        |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
**RICHARDS WATSON & GERSHON**

ADDRESS (Business Address Acceptable)  
**355 SOUTH GRAND AVENUE LOS ANGELES CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**LAW FIRM**

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 19 / 13    | \$ 55.00 | DINNER RECEPTION       |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
**LEAGUE OF CALIFORNIA CITIES ORANGE COUNTY**

ADDRESS (Business Address Acceptable)  
**1400 K STREET SACRAMENTO CA.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**PUBLIC POLICY ADVOCACY**

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 19 / 13    | \$ 60.00 | RECEPTION              |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

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