

JAN 23 2015

OFFICE OF THE

(MIDDLE) CLERK

RECOVER PAGE
FAIR POLITICAL PRACTICES COMMISSION
CG

Please type or print in ink.

NAME OF FILER (LAST) MARICK (FIRST) CHRISTINE: 41 MF
2015 FEB 9 3:41

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF BREA
Division, Board, Department, District, if applicable
Your Position
COUNCIL MEMBER

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

Agency: PLEASE SEE ATTACHED LIST Position: _____

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

- State
- Multi-County _____
- City of BREA
- 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, 2014, through December 31, 2014.
-or-
The period covered is _____, through December 31, 2014.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
○ The period covered is January 1, 2014, through the date of leaving office.
○ The period covered is _____, through the date of leaving office.

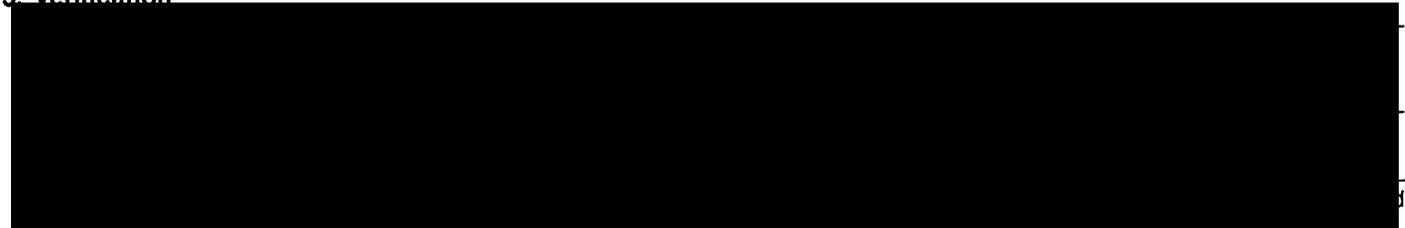
4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 4

- 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



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

Date Signed 1/23/2015
(month, day, year)

Office, Agency or Court (Multiple positions)

Agency: Brea Community Benefit Financing Authority

Position: Director

Agency: Industrial Development Authority of the City of Brea

Position: Director

Agency: Midbury Assessment Authority Commission

Position: Commissioner

Agency: Successor Agency to the Redevelopment Agency

Position: Council Member

Agency: Wildlife Corridor Conservation Authority

Position: Alternate

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

CHRISTINE MARICK

NAME OF BUSINESS ENTITY
BERKSHIRE HATHAWAY STOCK FUND

GENERAL DESCRIPTION OF THIS BUSINESS
diversified company based in Omaha, NE

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **13** _____ / _____ / **13**
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
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 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 _____ / _____ / **13** _____ / _____ / **13**
 ACQUIRED DISPOSED

Comments:

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
CHRISTINE MARICK

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
296-431-19

CITY
BREA

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
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
ALDONA FITCH

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____