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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
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FAIR POLITICAL
PRACTICES COMMISSION
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MAR 16 2015

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Parks	Sherryl	L.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Del Mar

Division, Board, Department, District, if applicable
CCouncil, Metro Commission, SANDIST, CSA-17 Board

Your Position
Deputy Mayor

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Del Mar, California
- ☐ 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 ____/____/_____

☐ **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.

☐ **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:*** 3

- ☑ **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. [redacted]

herein and in any attached schedules is true and complete. I ackn[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed March 16, 2015
(month, day, year)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

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Name _____

► NAME OF BUSINESS ENTITY
Johnson & Johnson

GENERAL DESCRIPTION OF THIS BUSINESS
Health Care Sector Company

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:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

► NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS
Diversified Company

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)
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___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
San Diego County Fair
ADDRESS *(Business Address Acceptable)*
2260 Jimmy Durante Blvd
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DM, CA 92014
June 2014 $150 Dinner/Concert

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	$ 25ea	Dinner
__/__/__	$ 50ea	Concert
__/__/__	$ 150ea	Total

► 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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Comments: