

STATEMENT OF ECONOMIC INTERESTS

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FPPC POLITICAL PRACTICES COMMISSION

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CG

Please type or print in ink.

NAME OF FILER (LAST) Parra (FIRST) Daniel (MIDDLE) Thomas
Date: 2015 APR 21 AM 8:49

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Fowler
Division, Board, Department, District, if applicable Your Position Mayor Pro-Tem

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

Agency: Fresno Council of Govts., S.K.F. Sanitation District Position: Boardmember or Alternate Boardmember

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

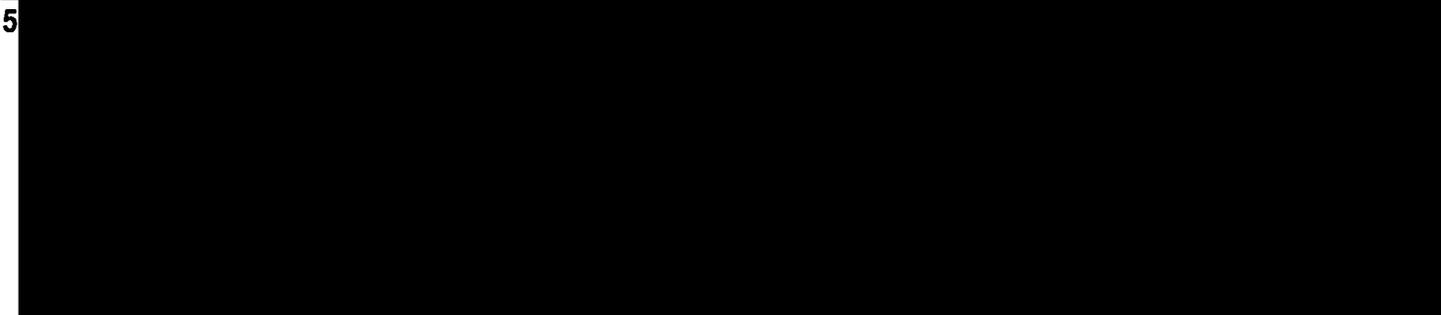
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Fresno
- City of Fowler _____ Other _____

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

- Annual: The period covered is January 1, 2014, through December 31, 2014. Leaving Office: Date Left ____/____/_____
-or- The period covered is ____/____/_____, through (Check one)
- Assuming Office: Date assumed ____/____/_____. The period covered is January 1, 2014, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____. 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: 3
- 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



Date Signed 03/26/2015
(month, day, year)

2014-15 FPPC Form 700 Statement of Economic Interests
Attachment listing multiple agencies

Daniel Thomas Parra

Office, Agency, or Court - Multiple positions:

Fresno County Regional Transportation Mitigation Fee Agency (RTMFA)

Fresno County Rural Transit Agency (FCRTA)

Fresno Local Agency Formation Commission (LAFCO)

Southeast Regional Solid Waste Commission

Five Cities Economic Development Authority

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 S. San Joaquin Valley Division- League of CA Cities
 ADDRESS (Business Address Acceptable)
 1400 K. Street Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 14	\$ 33.62	meals
05 / 08 / 14	\$ 33.32	meals
07 / 10 / 14	\$ 35.23	meals

▶ NAME OF SOURCE (Not an Acronym)
 League of CA Cities Latino Caucus
 ADDRESS (Business Address Acceptable)
 770 L Street Suite 1030 Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 02 / 14	\$ 81.00	meals
09 / 04 / 14	\$ 28.00	meals
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 S. San Joaquin Valley Division - League of CA Cities
 ADDRESS (Business Address Acceptable)
 1400 K. Street Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 11 / 14	\$ 37.76	meals
11 / 13 / 14	\$ 33.71	meals
/ /	\$	

▶ 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)
 League of CA Cities Latino Caucus
 ADDRESS (Business Address Acceptable)
 770 L Street, Ste. 1030 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 14	\$ 45.00	meals
01 / 13 / 14	\$ 147.00	meals
01 / 14 / 14	\$ 30.00	meals

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Daniel Parra

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities

ADDRESS (Business Address Acceptable)
 1400 K Street

CITY AND STATE
 Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents

DATE(S): 01/01/14 - 12/31/14 AMT: \$ 2,724.46
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Travel, meals & lodging for volunteer services as a member of the League Board of Directors

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____