CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

Date Initial Filing Received
Official Use Only

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
15 MAR 27 PM 3:31

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
YARC	MARIELLEN	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Cypress

Division, Board, Department, District, if applicable: City Council/Successor Agency/Oversight Board

Your Position: Council Member/Agency Member/Board Member

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

Agency: Orange County Sanitation District Position: Representative

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Cypress
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of Orange
- ☐ 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:*** 2

- ☐ **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 acknl [redacted]

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

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

[redacted]

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Mariellen Yarc

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Union Bank
ADDRESS *(Business Address Acceptable)*
4125 Ball Road, Cypress, CA 90630
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Institution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 14	$ 225.00	Americana Award Dnr
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Forest Lawn Memorial Park
ADDRESS *(Business Address Acceptable)*
4471 Lincoln Avenue, Cypress, CA 90630
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cemetery Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 14	$ 75.00	Poinsettia Plant
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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: