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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

DATE INITIAL FILING RECEIVED
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BY _____

Please type or print in ink.

NAME OF FILER 2015 100-9 PM 2:28 (LAST) (FIRST) (MIDDLE)
Young Craig

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Yorba Linda
Division, Board, Department, District, if applicable Your Position
Member of the City Council

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

Agency: Transportation Corridor Agency Position: Director

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Orange
- City of Yorba Linda 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: 10

- 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



Date Signed 03/18/2015
(month, day, year)

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
 Craig Young

► 1. BUSINESS ENTITY OR TRUST

Frank Miser and Doris Miser Trust, Decedent Share
 Name

8990 Cerritos Avenue, Anaheim, CA 92804
 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 / / 14 / / 14
 \$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 _____

► 1. BUSINESS ENTITY OR TRUST

Platinum Property Partners VII, LLC
 Name

2101 E. Coast Highway, Suite 110, Corona del Mar, CA 92625
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Real Estate Investments

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 14 / / 14
 \$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 LLC Other

YOUR BUSINESS POSITION Managing Member

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

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

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO 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 or Names listed below

Magnolia Bird Farm, Inc.

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

None or Names listed below

SEE ATTACHED

► 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 / / 14 / / 14
 \$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

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

Check one box:
 INVESTMENT REAL PROPERTY

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

73-771 Dinah Shore Drive Palm Desert, CA
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 14 / / 14
 \$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 LLC

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

Comments: _____

SCHEDULE A-2

Attachment

| | |
|-------------------------------------|------------|
| CALIFORNIA FORM | 700 |
| FAIR POLITICAL PRACTICES COMMISSION | |
| Name | |
| Craig Young | |

BUSINESS ENTITY OR TRUST : Platinum Property Partners VII, LLC

| LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE |
|---|
| Eisenhower Medical Center |
| Coachella Valley Economic Partnership |

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Craig Young

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
160 East Imperial Highway
 CITY
Fullerton, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / 14 / / 14
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold 19 Other
 Yrs. remaining

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
SEE ATTACHED

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
18961 Gothard Street
 CITY
Huntington Beach, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / 14 03/24/14
 ACQUIRED DISPOSED

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

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: _____

SCHEDULE B

Attachment

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name <u>Craig Young</u> |

ASSESSOR PARCEL NUMBER OR STREET ADDRESS : 160 East Imperial Highway

| LIST OF SOURCES OF RENTAL INCOME OF \$10,000 OR MORE |
|--|
| My Giggle Place |
| Pumper Jumpers |

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">Craig Young</p> |
|--|

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Magnolia Bird Farm, Inc.

ADDRESS (Business Address Acceptable)
8990 Cerritos Avenue, Anaheim, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail/Wholesale birds, products and supplies

YOUR BUSINESS POSITION
Finance Officer

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Platinum Property Partners VII, LLC

ADDRESS (Business Address Acceptable)
2101 East Coast Highway, Suite 110, Corona del Mar, CA 92625

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Investment

YOUR BUSINESS POSITION
Managing Member

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

Eisenhower Medical Center
 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D Income – Gifts

Name
Craig Young

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Association For Friendship with Foreign Countries
ADDRESS (Business Address Acceptable)
No.1 Taijichang Street, Doncheng District, Beijing 100740
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign government association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>05 / 25 / 14</u> | \$ <u>50</u> | <u>Meal</u> |
| <u>05 / 28 / 14</u> | \$ <u>50</u> | <u>Meal</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Meizhou DongPo Group
ADDRESS (Business Address Acceptable)
Dongfeng Township, Chaoyang District, Tai Wa A on the 4th 100016
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurateur

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>05 / 26 / 14</u> | \$ <u>175</u> | <u>Meal</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Foreign Affairs Office of Zhuhai Association for Friendship with Foreign Countries of Zhuhai
ADDRESS (Business Address Acceptable)
Government Building 2, Zhuhai City, Guangdong China 519000
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>11 / 26 / 14</u> | \$ <u>50</u> | <u>Meal</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District of Southern California
ADDRESS (Business Address Acceptable)
PO Box 20895, Fountain Valley, CA 92728-0895
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Inspection trip

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------------------|
| <u>12 / 06 / 14</u> | \$ <u>162.76</u> | <u>Snacks, Meals & Lodging</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Guangzhou People's Association for Friendship with Foreign Countries
ADDRESS (Business Address Acceptable)
Pearl River International Building, No 112, Yuehua Road, Guangzhou 510075
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|--------------|------------------------|
| <u>11 / 23 / 14</u> | \$ <u>50</u> | <u>Meal</u> |
| <u>11 / 24 / 14</u> | \$ <u>50</u> | <u>Meal</u> |
| <u>11 / 27 / 14</u> | \$ <u>50</u> | <u>Meal</u> |

▶ NAME OF SOURCE (Not an Acronym)
Mimi Wang
ADDRESS (Business Address Acceptable)
123 East Valley Boulevard, Suite 201 San Gabriel, CA 91776
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Exporter

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>05 / 27 / 14</u> | \$ <u>190</u> | <u>Meal</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Craig Young

▶ NAME OF SOURCE (Not an Acronym)
New Omni Bank

ADDRESS (Business Address Acceptable)
1235 S. Garfield Ave. Alhambra, CA 91801-5037

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|--------------|------------------------|
| <u>06 / 02 / 14</u> | <u>\$ 50</u> | <u>Meal</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ 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) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
The Foreign and the Overseas Chinese Affairs Bureau of Heyuan City

ADDRESS (Business Address Acceptable)
9/F, Huayi Office Bldg., Heyuan City, Guangdong Province, China 517000

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|--------------|------------------------|
| <u>11 / 25 / 14</u> | <u>\$ 50</u> | <u>Meal</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ 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) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
The Irvine Company

ADDRESS (Business Address Acceptable)
550 Newport Center Drive, Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real estate investments

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>03 / 20 / 14</u> | <u>\$ 17.52</u> | <u>Meal</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ 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) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

Comments: _____

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

Name
 Craig Young

- 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)
 Chinese People's Association For Friendship with Foreign Countries

ADDRESS (Business Address Acceptable)
 No.1 Taijichang Street, Doncheng District

CITY AND STATE
 Beijing, China 100740

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

DATE(S): 05 / 24 / 14 - 06 / 03 / 14 AMT: \$ 4350
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Speaking participant of U.S. delegation

▶ NAME OF SOURCE (Not an Acronym)
 Chinese People's Association For Friendship with Foreign Countries

ADDRESS (Business Address Acceptable)
 No.1 Taijichang Street, Doncheng District

CITY AND STATE
 Beijing, China 100740

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

DATE(S): 11 / 22 / 14 - 11 / 30 / 14 AMT: \$ 4350
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Speaking participant of U.S. delegation

▶ 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: _____