

STATEMENT OF ECONOMIC INTERESTS

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POLITICAL PRACTICES COMMISSION

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NAME OF FILER (LAST) BROWN (MIDDLE) Arthur (FIRST) 2015 APR -3 PM 2:09 Clevenger

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Buena Park

Division, Board, Department, District, if applicable

Your Position

City Council

Council Member

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

Agency: See Attached

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of Buena Park

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 ____/____/____ (Check one)

-or-

The period covered is ____/____/____ through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 6

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

5 [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge

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

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

FORM 700 2014

Brown, Arthur Clevenger

Orange County Council of Governments

Board Member

Southern California Association of Governments  **Regional Council Member**

Los Angeles, San Diego,, San Luis Obispo Rail Corridor Agency

ExOfficio Board Member

Southern California Regional Rail Agency (Metrolink)

ExOfficio Board Member

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

Name
Brown, Arthur Clevenger

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Chris Brown

ADDRESS (Business Address Acceptable)
6630 Mt Whitney Dr. Buena Park, CA 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Automobile Club of Southern California

YOUR BUSINESS POSITION
Retired

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
Buena Park Historical Society

ADDRESS (Business Address Acceptable)
6631 Beach Blvd., Buena Park CA. 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Museum Homes

YOUR BUSINESS POSITION
Curator

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)

▶ 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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address _____
City _____

Guarantor _____

Other _____
(Describe)

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Brown, Arthur Clevenger

▶ NAME OF SOURCE (Not an Acronym)
Kirkorian Theatres

ADDRESS (Business Address Acceptable)
2275 W. 190th st., Torrance, CA 90504

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Movie Theatres

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 14</u>	<u>\$ 430.00</u>	<u>VIP Pass</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Southern California Gas Co.

ADDRESS (Business Address Acceptable)
1919 State College, Anaheim, CA 92806

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gas Utility Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 22 / 14</u>	<u>\$ 225.00</u>	<u>Cypress College Ameri</u>
<u> / / </u>	<u>\$ </u>	<u>-cana Awards.</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
City Ventures

ADDRESS (Business Address Acceptable)
3121 Michelson Dr. Suite 150, Irvine, CA 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 03 / 14</u>	<u>\$ 55.00</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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

ADDRESS (Business Address Acceptable)
1400 K Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 04 / 14</u>	<u>\$ 55.00</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Richards Watson and Gershon

ADDRESS (Business Address Acceptable)
355 South Grand Ave., Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 25 / 14</u>	<u>\$ 110.00</u>	<u>Dinner at Black Angus</u>
<u>09 / 04 / 14</u>	<u>\$ 55.00</u>	<u>Reception</u>
<u>12 / 15 / 14</u>	<u>\$ 60.00</u>	<u>Fruit Gift Box</u>

▶ NAME OF SOURCE (Not an Acronym)
Townsend Public Affairs /Griffin Structures Joint Host

ADDRESS (Business Address Acceptable)
2699 White Rd, Irvine CA Suite 251 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs/Project management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 04 / 14</u>	<u>\$ 55.00</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

Brown, Arthur Clevenger

▶ NAME OF SOURCE (Not an Acronym)
Aleshire & Wynder, LLP

ADDRESS (Business Address Acceptable)
1881 Von Kaarman Av. suite 1700, Irvine, CA 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 14	\$ 110.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Knott's Berry Farm

ADDRESS (Business Address Acceptable)
one Cedar Point Fr., Sandusky, OH 448790

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Amusement Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 23 / 14	\$ 112.00	Adult Annual Pass
09 / 26 / 14	\$ 138.00	Hollowen Haunt Food
___ / ___ / ___	\$ _____	and admission

▶ NAME OF SOURCE (Not an Acronym)
Manufactured Housing Educational Trust

ADDRESS (Business Address Acceptable)
25241 Paseo de Alicia, Suite 120, Laguna Hills 9265

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Manufactured Housing Industry Advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 14	\$ 60.00	Breakfast/Sees Candy
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Dr Shim, Chairman

ADDRESS (Business Address Acceptable)
Seoul, Korea

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic Organization Korean War Veterans.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 25 / 14	\$ 50.00	Shoe Tree, Metal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Goodwill Cooperation Service

ADDRESS (Business Address Acceptable)
Seoul, Korea

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Church

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 14	\$ 20.00	Challenge Coin
04 / 28 / 14	\$ 120.00	Dinner for 2
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
City of Seounbuc-Gu

ADDRESS (Business Address Acceptable)
Seoul Korea

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Municipal government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 14	\$ 100.00	Wooden Boxes
04 / 28 / 14	\$ 16.00	Thermo Drink Cups
04 / 28 / 14	\$ 50.00	Sm Carved ducks 2

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Brown, Arthur Clevenger

▶ NAME OF SOURCE *(Not an Acronym)*
The Myung Won Cultural Foundation

ADDRESS *(Business Address Acceptable)*
Seoul Korea

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cultural Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 14	\$ 50.00	2 Bags of Tea. 60g.
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____