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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
11 APR -7 AM 11:43

Date Received
Official Use Only
RECEIVED
APR 04 2011
CITY OF MILL VALLEY

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Marshall	Shawn	Elliott

1. Office, Agency, or Court

Agency Name
City of Mill Valley

Division, Board, Department, District, if applicable

Your Position
City Council member

► If filing for multiple positions, list below or on an attachment.

Agency: Marin Energy Authority Position: Board Member

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

☐ State
☐ Multi-County _____
☒ City of Mill Valley
☐ Judge (Statewide Jurisdiction)
☒ County of Marin
☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

○ The period covered is January 1, 2010, through the date of leaving office.

○ 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:** 4

☒ **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*

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

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

Date Signed 4/4/11 *(month, day, year)* **Signatur**

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: S. Marshall p. 1

► NAME OF BUSINESS ENTITY: Altria Group Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: General Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Appliance Manufacturer

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Comcast Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Cable Communications

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Kraft Foods Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Food Manufacturer

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Exxon Mobile Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Oil and gas Company

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Medco Health Solutions

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Medical

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

Comments: _____

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: S. Marshall p. 2

► NAME OF BUSINESS ENTITY: Merck & Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Pharmaceuticals

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Phillip Morris Intl.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Moody's Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Credit rating Agency

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Pepsico Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Food and Beverage Co.

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
S. Marshall p. 3

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

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the $420 gift limit.**

▶ NAME OF SOURCE
Bikes Belong Foundation
ADDRESS *(Business Address Acceptable)*
P.O. Box 2359
CITY AND STATE
Boulder, CO 80306
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Promotes bicycle usage, programs, safety
DATE(S): 8 / 28 / 10 - 9 / 4 / 10 *(If applicable)* AMT: $ 3,498.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Airfare, hotel, meals for study trip to the Netherlands for purposes of learning int'l best practices for bicycle infrastructure.

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments: