CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CG

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SMITH	FRED	R

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

► 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
- ☐ Multi-County
- ☑ City of BUENA PARK
- ☐ 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:*** 6

- ☐ **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. Verification

[redacted]

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

Date Signed 03/10/2015
(month, day, year)

FORM 700

SMITH, FRED R.

1. Multiple positions.

Agency:	Orange County Sanitation District	Board Member
Agency:	Buena Park Oversight Board	Board Member

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
FRED R SMITH

▶ 1. BUSINESS ENTITY OR TRUST

SMITH AND SONS GLASS
Name

7521 ORANGETHORPE AVE BUENA PARK,CA 90621
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
GLASS SHOP

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☑ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION OWNER

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

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

▶ 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

KNOTTS BERRY FARM

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

Check one box:
☐ INVESTMENT ☑ REAL PROPERTY

SMITH AND SON GLASS AND SCREENS
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

7521 ORANGETHORPE AVE BUENA PARK,CA.90621
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☑ $100,001 - $1,000,000
☐ Over $1,000,000

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

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

▶ 1. BUSINESS ENTITY OR TRUST

Name

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
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION

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

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

▶ 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

▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

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

Comments:_____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
FRED R SMITH

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7521 ORANGETHORPE AVE.

CITY
BUENA PARK,CA 90621

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

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

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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
FRED R SMITH

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
DISNEYLAND CANDLELIGHT CEREMONY
ADDRESS *(Business Address Acceptable)*
1313 DISNEYLAND DR. ANAHEIM CA. 92804
BUSINESS ACTIVITY, IF ANY, OF SOURCE
AMUSEMENT PARK

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/06/14	$325.00	ONE DAY PASS
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
LEAQUEOF CALIFORNIA CITIESORANGECOUNTY
ADDRESS *(Business Address Acceptable)*
1400 K ST. SACRAMENTO CA. 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
PUBLIC POLICY ADVOCACY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/04/14	$55.00	RECEPTION
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
KRIKORIAN THEATER
ADDRESS *(Business Address Acceptable)*
2275 W. 90TH ST SUITE201 TORRANCE CA 90504
BUSINESS ACTIVITY, IF ANY, OF SOURCE
MOVIE THEATER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/14	$385.00	VIP PASS
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
RICHARD WATSON & GERSHON
ADDRESS *(Business Address Acceptable)*
355 SO.GRAND AVE.LOS ANGELES,CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW FIRM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/25/14	$110.00	BLACK ANGUS DIN.
09/04/14	$50.00	Reception at Wolfgang
12/15/14	$60.00	FRUIT GIFT BOX

► NAME OF SOURCE *(Not an Acronym)*
KNOTTS BERRY FARM
ADDRESS *(Business Address Acceptable)*
ONE CEDAR POINT DR.SANDUSKY,OH 44870
BUSINESS ACTIVITY, IF ANY, OF SOURCE
AMUSEMENT PARK

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/23/14	$224.00	ANNUAL PASS
09/26/14	$110.00	HALLOWEEN HAUNT
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
MANUFACTUREDHOUSING EDUCATIONALTRUST
ADDRESS *(Business Address Acceptable)*
25241 PASEO DE ALICA LAGUNA HILLS CA.92653
BUSINESS ACTIVITY, IF ANY, OF SOURCE
MANNUFACTURED HOUSING ADVOCATES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/03/14	$60.00	BREAKFAST CANDY
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
FRED R SMITH

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
OFFICES OF DR. FRED BALITZER &ROD WILSON
ADDRESS *(Business Address Acceptable)*
LONG BEACH,CA. 90803
BUSINESS ACTIVITY, IF ANY, OF SOURCE
PUBLIC REALTIONS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 14	$ 150.00	HARBOR CRUISE
/ /	$	
/ /	$	

► 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: