CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

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Please type or print in ink.							
NA	ME OF FILER (LAST) (FIRST)			(MIDDLE)	23 FEB 16 PM 3	F 04	
	DERDERIAN FISHE	R		MIK	E		
1.	Office, Agency, or Court				RY OF CUSTA ME	JA	
	Agency Name (Do not use acronyms)					Burre	
	CITY OF COSTA MESA		ARTS	COMMIS	SSIONER		
	Division, Board, Department, District, if applicable		Your Position			-)	
	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
	Agency:		Position:			_	
2.	Jurisdiction of Office (Check at least one box)						
	State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner					
			(Statewide Jurisd	. 17.40	, , , , , , , , , , , , , , , , , , , ,		
	Multi-County		County of			_	
	Scity of COSTA MESA		10 <u>100000</u>				
-						_	
3.	Type of Statement (Check at least one box)		72 <u>4112</u> 77				
	Annual: The period covered is January 1, 2022, through December 31, 2022.		Leaving Office:	: Date Left/. (Check one c	ircle.)		
	The period covered is, thro	ough	leaving office		1, 2022, through the date of		
	Assuming Office: Date assumed 1,18,2023		-or- ☐ The period of	covered is/_	through		
	Acousting Office. Date assumed			eaving office.			
	Candidate: Date of Election and office sought, if different than Part 1:						
4.	Schedule Summary (required) Total number of pages including this cover page: 3 Schedules attached						
	Schedule A-1 - Investments - schedule attached	-	10.	107	Positions - schedule attached		
	Schedule A-2 - Investments - schedule attached		chedule D - Income -				
	Schedule B - Real Property - schedule attached	∐ Sc	chedule E - Income -	Gifts - Travel Payn	nents - schedule attached		
	The state of the s						
-	OF- None - No reportable interests on any schedule						
5.	Verification					_	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	TY .		STATE	ZIP CODE		
	DAYTIME TELEPHONE NUMBER	EM	AIL ADDRESS				
	(714) 754-5000				ANCO COSTAMESA		
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein and in any attached schedules is true and complete. I acknowledge this is a public document.						
	I certify under penalty of perjury under the laws of the State of C	California t	that the foregoing is	true and correct.			
	2/						
	Date Signed	Signa		aniensky men			
_	function cash local		(File une Cit)	ginally signed paper statem	will must have south consider)		

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

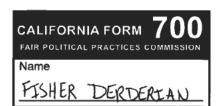
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
FIXHER DERDEILLAN

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
BERKSHIRE HATHAWAY, INC	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
DELCOSCITTO HADRON (SMOANY	
DIVERSIFIED HOLDING COMPANY	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IE ADDI ICADI E LIST DATE.
	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 /22 1 /22	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499
I mounte noceited of \$500 of latore (Report of Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 122 1 122	1 02 1 02
ACQUIRED DISPOSED	ACQUIRED DISPOSED
MAKONILLO DIOLOGED	NOGOIKED DISPOSED
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)



► 1. INCOME RECEIVED	► 1. INCOME RECEIVED				
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME				
ROGER SCRUTON LEGACY FON					
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
ARTS & CUITURE NONPROFIT					
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION				
EXECUTE VE DIRECTOR					
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only				
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000				
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000				
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED				
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)				
Sale of	Sale of				
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)				
Loan repayment	Loan repayment				
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more				
(Describe)	(Describe)				
Other	Other				
(Describe)	(Describe)				
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD				
* You are not required to report loans from a commercial lending institution, 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*	INTEREST RATE TERM (Months/Years)				
ADDRESS (8)	% None				
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN				
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence				
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address				
_					
\$500 - \$1,000	City				
\$1,001 - \$10,000	Guarantor				
\$10,001 - \$100,000	_				
OVER \$100,000	Other				
	(Describe)				
Comments:					