## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE** A PUBLIC DOCUMENT

Date Initial Filing Received CITY CLERK

Please type or print in ink.

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NAI	ME OF FILER (LAST) (FIRST)	(MIDDLE) 24 MAR 18 PH 2: 43		
	Brown Kelly	Anne		
1.	Office, Agency, or Court	CITY OF COSTA MESA		
	Agency Name (Do not use acronyms) City of Costa Mesa	Egyl I acial to transport and property and the second property and the second property and the second and the s		
	Division, Board, Department, District, if applicable	Your Position		
	Parks + Community Service	es Commissioner		
	► If filing for multiple positions, list below or on an attachment. (Do not us			
	Agency:	Position:		
2.	Jurisdiction of Office (Check at least one box)			
	State	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)		
	Multi-County	County of		
	Acity of Costa Mesa	Other		
3. Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)		
	The period covered is/, through December 31, 2023.	The period covered is January 1, 2023, through the date of leaving officeor-		
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.		
	Candidate: Date of Election and office sought	, if different than Part 1:		
4.	I. Schedule Summary (required) ► Total number of pages including this cover page:			
	Schedules attached			
	Schedule A-1 - Investments - schedule attached	Schedute 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.	Verification			
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE		
	77 Fair Drive Costa Mesa	(A 916 24		
	DAYTIME TELEPHONE NUMBER (フリー) 75リー 5300	Kbrown@ costamesaca.gov		
	I have used all reasonable diligence in preparing this statement. I have revie herein and in any attached schedules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.		
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
	Date Signed 14 March 2024	Signature		
	(month, day, year)	(File the originally signed paper statement with your filing official.)		

## **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	Rrow	M
Nerry	DIV	<u>'\</u>

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Jeff Brown	
	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$0 - \$1,999   \$2,000 - \$10,000     /23   /23     /23     /23   /	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000  /_23
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	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 OVER \$100,000	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)  \$0 - \$499
\$1,001 - \$10,000  3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	\$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	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:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or.</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   / /23	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: \_