STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Parkin John Charles

1. Office, Agency, or Court

Agency Name  (Do not use acronyms)
Law Department
Division, Board, Department, District, if applicable
Your Position
City Attorney

► 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
☐ Multi-County ____________________________
☐ City of Long Beach ____________________________
☐ County of ____________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Other ____________________________

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

✓ Annual: The period covered is January 1, 2015, through December 31, 2015.
   -or-
   The period covered is _______/_____/_______, through December 31, 2015.
☐ Leaving Office: Date Left _______/_____/_______
   (Check one)
   ☐ The period covered is January 1, 2015, through the date of leaving office.
   -or-
   The period covered is _______/_____/_______, through the date of leaving office.
☐ Assuming Office: Date assumed _______/_____/_______
☐ Candidate: Election year _______/_____/_______ and office sought, if different than Part 1: ____________________________

4. Schedule Summary (must complete)  ► Total number of pages including this cover page: ______

Schedules attached

☐ 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

MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
(Business or Agency Address Recommended - Public Document)
333 W. Ocean Blvd., 11th Floor Long Beach CA 90802
DAYTIME TELEPHONE NUMBER ____________________________ E-MAIL ADDRESS Charles.Parkin@longbeach.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein 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 California that the foregoing is true and correct.

Date Signed 03/01/2016 01:57 PM Signature ____________________________ Electronic Submission ____________________________
(Fill the originally signed statement with your filing officer.)
## SCHEDULE D
Income – Gifts

### NAME OF SOURCE (Not an Acronym)
Long Beach Convention and Visitors Bureau
ADDRESS (Business Address Acceptable)
301 East Ocean Blvd., Suite 1900 LB, CA

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
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<tbody>
<tr>
<td>05/11/15</td>
<td>$200.00</td>
<td>2 tickets to Musica Angelica</td>
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### NAME OF SOURCE (Not an Acronym)
Long Beach Area Chamber of Commerce
ADDRESS (Business Address Acceptable)
One World Trade Center, Suite 1650 LB 90831

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

<table>
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<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>06/18/15</td>
<td>$190.00</td>
<td>2 tickets to 2015 Destination Tomorrow Award Recipient dinner</td>
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**Comments:**

______________________________

FPPC Form 700 (2015/2016) Sch. D
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov