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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) GROSE (FIRST) DEAN (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF LOS ALAMITOS

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCIL MEMBER

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 LOS ALAMITOS
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2014, through the date of leaving office.

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
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
PHONE NUMBER
E-MAIL ADDRESS DEAN@EVENTMEDICAL.NET

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 information provided is true and correct.
Date Signed 03/09/2015 Signature

FPPC Form 700 (2014/2015)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

DEAN GROSE

NAME OF BUSINESS ENTITY: EVENT MEDICAL SERVICES, INC.
GENERAL DESCRIPTION OF THIS BUSINESS: SALE OF PRE-HOSPITAL SUPPLIES/EQUIP
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: / / 14

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: / / 14

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: / / 14

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IF APPLICABLE, LIST DATE: / / 14

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: / / 14

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: / / 14

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST
 EVENT MEDICAL SERVICES, INC.
 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 IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 14 / / 14
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 \$10,001 - \$100,000 A 90720
 \$500 - \$1,000 OVER \$100,000
 \$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

▶ 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 14 / / 14
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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:

▶ 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 IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 14 / / 14
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$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

▶ 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 14 / / 14
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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:

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 DEAN GROSE

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 [REDACTED]

CITY
 [REDACTED]

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 14 / 14 / 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 14 / 14 / 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: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 DEAN GROSE

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 DELTA-LOS ALAMITOS BUSINESS CENTER

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 COMMERCIAL BUSINESS ASSOCIATION

YOUR BUSINESS POSITION
 PRESIDENT OF BOARD

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment _____

Commission or Rental income, list each source of \$10,000 or more

 (Describe)

Other **NO INCOME**
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 LONG BEACH MODEL T CLUB

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 COLLECTOR CAR PRESERVATION CLUB

YOUR BUSINESS POSITION
 TREASURER

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment _____

Commission or Rental income, list each source of \$10,000 or more

 (Describe)

Other **NO INCOME**
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
DEAN GROSE

▶ NAME OF SOURCE (Not an Acronym)
JOINT POWERS INSURANCE AUTHORITY

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
JPIA FOR INSURANCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 16 / 14	\$ 100.00	MTG. STIPEND
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COUNTY FAIR

ADDRESS (Business Address Acceptable)
88 FAIR DRIVE, COSTA MESA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENTERTAINMENT VENUE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 23 / 14	\$ 55.00	RECEPTION
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ 100.00	MTG. STIPEND

▶ NAME OF SOURCE (Not an Acronym)
SOUTHERN CALIFORNIA EDISON COMPANY

ADDRESS (Business Address Acceptable)
733 BOLSA AVENUE, WESTMINSTER

BUSINESS ACTIVITY, IF ANY, OF SOURCE
EDUCATION TRIP, HIGH SIERRA, GEN. STATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 09 / 14	\$ 425.00	EDUCATIONAL TRIP
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: