## 1. Office, Agency, or Court

 Agency Name: (Do not use acronyms)  
 City of Los Alamitos

 Division, Board, Department, District, if applicable:  
 Your Position:  
 City 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  
- [x] City of Los Alamitos  
- [ ] County of  
- [ ] Other

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

- [ ] Annual: The period covered is January 1, 2016, through December 31, 2016.
- [ ] Leaving Office: Date Left / /  
  (Check one)
  - [ ] The period covered is January 1, 2016, through the date of leaving office.
  - [ ] The period covered is / / , through the date of leaving office.
- [x] Assuming Office: Date assumed  / / 2017
- [ ] Candidate: Election year and office sought, if different than Part 1:  

## 4. Schedule Summary (must complete)

**Total number of pages including this cover page:** 3

**Schedules attached**
- [ ] Schedule A-1 - Investments – schedule attached
- [x] Schedule A-2 - Investments – schedule attached
- [ ] Schedule B - Real Property – schedule attached
- [x] 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: 3191 Katella Avenue, Los Alamitos, CA 90720  
Daytime Telephone Number: (562) 431-3538 ext:220  
E-mail Address:  

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: 12/12/2017  
Signature:  

Electronic Submission: [File the originally signed statement with your filing official.]

FPPC Form 700 (2016/2017)  
FPPC Advice Email: advice@fppc.ca.gov  
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
### 1. BUSINESS ENTITY OR TRUST

**Name:** Mark Chirco

**Address:** 3532 Howard Ave, Ste 202, Los Alamitos, CA 90720

**Check one box:**
- [ ] Trust, go to 2
- [x] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

- **Dental Office (Wife)**

**FAIR MARKET VALUE**

- [ ] $0 - $1,999
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

**IF APPLICABLE, LIST DATE:**

- [ ] / / ACQUIRED
- [ ] / / DISPOSED

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

**Check one box:**
- [ ] $0 - $499
- [x] $500 - $1,000
- [ ] $1,001 - $10,000

**Comments:**

- Names, if any, are protected from disclosure by privacy laws and HIPAA.

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

- [x] Names listed below

**Comments:**

- Names, if any, are protected from disclosure by privacy laws and HIPAA.

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

**Check one box:**
- [ ] INVESTMENT
- [x] REAL PROPERTY

**Name of Business Entity, if Investment, or Assessor’s Parcel Number or Street Address of Real Property:**

- Mark Chirco
- 3532 Howard Ave, Ste 202, Los Alamitos, CA 90720

**Check one box:**
- [ ] Leasehold
- [ ] Other

**Comments:**

- Check box if additional schedules reporting investments or real property are attached
**SCHEDULE C**

**Income, Loans, & Business Positions**

(Other than Gifts and Travel Payments)

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shanna Chirco DDS</td>
<td>Mark Chirco</td>
</tr>
</tbody>
</table>

**ADDRESS (Business Address Acceptable)**

3532 Howard Ave, Ste 202, Los Alamitos, CA 90720

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

Dental Office

**YOUR BUSINESS POSITION**

- Spouses business (identifying community property 1/2 interest portion)

**GROSS INCOME RECEIVED**

- No Income - Business Position Only
- $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
- 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

**HIGHEST BALANCE DURING REPORTING PERIOD**

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

**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:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shanna Chirco DDS</td>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

**ADDRESS (Business Address Acceptable)**

3532 Howard Ave, Ste 202, Los Alamitos, CA 90720

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

Dental Office

**SECURITY FOR LOAN**

- None
- Personal residence
- Real Property Street address
- Guarantor City
- Other (Describe)