

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NA	ME OF FILER (LAST) (FIRST) ERICKSON JIM	(MIDDLE)	
1. Office, Agency, or Court			
	Agency Name (Do not use acronyms)	0	
	Parks & Recreation Commission	Commissioner	
	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 or Court Commissioner (Statewide Jurisdiction)	
	Multi-County	County of	
	X City of Osta Mesa	Other	
<u> </u>	T		
5 .	Type of Statement (Check at least one box)	D Leaving Officer Date Left	
	Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left/(Check one)	
	-or- The period covered is/, through		
	December 31, 2017.	leaving office.	
	Assuming Office: Date assumed \(\sqrt{2\left\left} \) \(\left{2\left\left\left} \) \(\left{2\left\left\left\left} \)	The period covered is, through the date of leaving office.	
	Candidate: Date of Election and office sough	ght, 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 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-			
and the same	None - No reportable interests on any schedule		
Э.	Verification MAILING ADDRESS STREET CITY	STATE ZIP CODE	
	(Business or Agency Address Recommended - Public Document)	α	
	DAYTIME TELEPHONE NUMBER	TE-MAIL ADDRESS	
	(714) 154 5300		
	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 6/28/18	Signature OM Signature	
	(month, day, year)	(File the originally signed statement with your filing official.)	