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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): FERRYMAN (FIRST): JAMES (MIDDLE): MICHAEL

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: COSTA MESA SANITARY DISTRICT
Division, Board, Department, District, if applicable

Your Position: BOARD MEMBER

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: SEE ATTACHED Position: BOARD MEMBER

2. Jurisdiction of Office *(Check at least one box)*

- [x] State
- [ ] Multi-County
- [ ] City of
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [x] County of ORANGE
- [ ] Other

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

- [x] **Annual:** The period covered is January 1, 2015, through December 31, 2015.
  -or-
  The period covered is __/__/__, through December 31, 2015.
- [ ] **Assuming Office:** Date assumed __/__/__
- [ ] **Candidate:** Election year 2016 and office sought, if different than Part 1:
- [ ] **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.

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 6

Schedules attached

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **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 *(Business or Agency Address Recommended - Public Document)* STREET: 1095 TULARE DRIVE CITY: COSTA MESA STATE: CA ZIP CODE: 92626

DAYTIME TELEPHONE NUMBER: (714) 595-2192 E-MAIL ADDRESS: FERRYMANJAMES@GMAIL.COM

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 3-16-16 *(month, day, year)*

Signature James M. Ferryman *(File the originally signed statement with your filing official.)*

[redacted]
3-16-16

JAMES M. FERRYMAN
OFFICES HELD

1. COSTA MESA SANITARY DISTRICT -- BOARD MEMBER 949-650-2253
2. ORANGE COUNTY SANITATION DISTRICT - BOARD MEMBER
3. NATIONAL WATER RESEARCH INSTITUTE -- BOARD MEMBER 714 378 3337
4. SANTA ANA RIVER FLOOD AGENCY - BOARD MEMBER 714 967 0883
5. ORANGE COUNTY COUNCIL OF GOVERNMENTS -- BOARD MEMBER

James M. Ferryman
714-595-2192 cell
714-549-3546 FAX
FERRYMANJAMES@GMAIL.COM

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: JAMES M. FERRYMAN

1. BUSINESS ENTITY OR TRUST

Name: HOWARD JAMES COMPANY

Address (Business Address Acceptable): 1095 TULARE DR. COSTA MESA

Check one: ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: PROPERTY MANAGEMENT

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: __/__/15 ACQUIRED __/__/16 DISPOSED

NATURE OF INVESTMENT: ☑ Partnership ☐ Sole Proprietorship ☐ ____ Other

YOUR BUSINESS POSITION: PARTNER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE

☐ None or ☑ Names listed below

DOUG ALLAN, VALERIE HUMPHRIES
KEVIN + DEBBIE HENDERSON

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: 2342 COLGATE, COSTA MESA, CA

Description of Business Activity, or City or Other Precise Location of Real Property

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: __/__/15 ACQUIRED __/__/15 DISPOSED

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

1. BUSINESS ENTITY OR TRUST

Name: FERRYMAN FAMILY TRUST

Address (Business Address Acceptable): 1095 TULARE DR, COSTA MESA, CA 92626

Check one: ☑ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: RENTAL HOUSE

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: __/__/15 ACQUIRED __/__/15 DISPOSED

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☐ TRUST Other

YOUR BUSINESS POSITION: TRUSTEE

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE

☐ None or ☑ Names listed below

KEVIN + DEBBIE HENDERSON

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
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: __/__/15 ACQUIRED __/__/15 DISPOSED

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: ____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name JAMES M. FERRYMAN

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS,
2342 COLGATE DRIVE

CITY
COSTA MESA CA 92626

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/15 ACQUIRED ___/___/15 DISPOSED

NATURE OF INTEREST
- [x] 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
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/15 ACQUIRED ___/___/15 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*
QUICKEN LOANS INC

ADDRESS (Business Address Acceptable)
PHOENIX,

BUSINESS ACTIVITY, IF ANY, OF LENDER
ARIZONA

INTEREST RATE
4.9 %
- [ ] None

TERM (Months/Years)
30 YEARS

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] 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 JAMES M. FERRYMAN

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: NEWPORT MESA UNIFIED SCHOOL DIST.

ADDRESS (Business Address Acceptable): BEAR STREET, COSTA MESA CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

YOUR BUSINESS POSITION: WIFE (RETIRED TEACHER)

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 _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME:

ADDRESS (Business Address Acceptable):

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

YOUR BUSINESS POSITION:

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 _____ (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

INTEREST RATE: _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ (Street address)
- _____ (City)
- ☐ Guarantor _____
- ☐ Other _____ (Describe)

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name JAMES M. FERRYMAN

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
ALLAN BURNS
ADDRESS (Business Address Acceptable)
GLASSELL, ORANGE, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CMSD ATTORNEY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/20/15	$ 440	GIFT CERTIFICATE
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
CR&R
ADDRESS (Business Address Acceptable)
STANTON, CA.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRASH HAULER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/13/15	$ 90	DINNER
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
RDB HAMERS
ADDRESS (Business Address Acceptable)
17th ST., COSTA MESA, CA 92627
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DISTRICT ENGINEER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/22/15	$ 30	BAILEYS
/ /	$	
/ /	$	

▶ 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: