

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SHEA DARIN BRYANT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
BURBANK CITY TREASURER

Division, Board, Department, District, if applicable

Your Position

CANDIDATE

► 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 BURBANK
- Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.
-or- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election November 3, 2020 and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
○ The period covered is January 1, 2019, 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: 4

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)
Burbank, California 91501

DAYTIME TELEPHONE NUMBER EMAIL 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

Date Signed July 29, 2020
(month, day, year)

Signature _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name Darin Bryant Shea
Eckerd & Shea LLC

▶ NAME OF BUSINESS ENTITY
Wingstop

GENERAL DESCRIPTION OF THIS BUSINESS
Fast Casual Takeout restaurant

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CVS Health

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmacy and retail sales

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Soligenix

GENERAL DESCRIPTION OF THIS BUSINESS
Late stage Biopharmaceutical company

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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 \$100,001 - \$1,000,000 Over \$1,000,000

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 ACQUIRED DISPOSED

Comments: _____

