STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

Spence Mike

(First) (Last)

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)

City of West Covina

City Councilwoman

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

☐ Multi-County _______________________________________________________________________

☐ City of West Covina

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Other

☐ County of _______________________________________________________________________

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


☐ Leaving Office: Date Left 12/4/2018

☐ or

☐ The period covered is ______________ through December 31, 2017.

☐ The period covered is ______________ through the date of leaving office.

☐ Assuming Office: Date assumed ______________

☐ Candidate: Date of Election ______________ and office sought, 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 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 ______________

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 foregoing is true and correct.

Date Signed 12/27/18

Signature ________________________________________________________________________

(Use the original signed statement with your filing document)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Campaign Citadel
Name: 1230 Gold Express Dr, 10 Gold Ever
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
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
☐ 1/1/17
☐ 1/17
ACQUIRED
DISPOSED

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
☐ $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 (Attach a separate sheet if necessary)

☐ None or ☐ Names listed below

Minuteman Transportation Inc

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:
☐ 1/1/17
☐ 1/17
ACQUIRED
DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments:
### SCHEDULE D
Income - Gifts

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<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>Alta Med</td>
<td>2040 Camfield, LA</td>
<td>Medical</td>
<td>7/17/18</td>
<td>$300</td>
<td>Doctors, AltaMed/Food &amp; Wine Festival</td>
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**Comments:**

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FPPC Form 700 (2017/2018) Sch. D
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