CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FLER (LAST) (FIRST) Shewmaker Jessica

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of West Covina
Division, Board, Department, District, if applicable City Council
Your Position City Councilmember

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

Agency: City of West Covina
Position: Member, Successor Agency Oversight Committee

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

☐ State
☐ Multi-County
☒ City of West Covina
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other

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

☐ Leaving Office: Date Left
☐ The period covered is __/__/____ through December 31, 2017.
☐ The period covered is __/__/____ through the date of leaving office.

☒ Assuming Office: Date assumed 01/15/2018

☐ 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 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1444 West Garvey Ave South West Covina CA 91790

DAYTIME TELEPHONE NUMBER (626) 918-2032

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 02/05/2018 Signature

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
# SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

## 1. INCOME RECEIVED

### NAME OF SOURCE OF INCOME

<table>
<thead>
<tr>
<th>Leal-Trejo, APC</th>
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### ADDRESS (Business Address Acceptable)

**3767 Worsham Avenue, Long Beach, CA 90808**

### BUSINESS ACTIVITY, IF ANY, OF SOURCE

<table>
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<tr>
<th>Law Firm</th>
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### YOUR BUSINESS POSITION

| Paralegal / Policy Analyst |

### GROSS INCOME RECEIVED

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

### CONSIDERATION FOR WHICH INCOME WAS RECEIVED

| $10,001 - $100,000 |

### Partnership

| Less than 10% ownership, For 10% or greater use Schedule A-2. |

### Sale of

| (Real property, car, boat, etc.) |

### Commission or

| Rental Income, list each source of $10,000 or more |

### 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*

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### ADDRESS (Business Address Acceptable)

### BUSINESS ACTIVITY, IF ANY, OF LENDER

### HIGHEST BALANCE DURING REPORTING PERIOD

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

### SECURITY FOR LOAN

| None | Personal residence |

### INTEREST RATE

| % |

### TERM (Months/ Years)

### GUARANTOR

| (Describe) |

**Comments:**

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FPPC Advice Email: advice@fppc.ca.gov