STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of West Covina

Division, Board, Department, District, if applicable
Planning Commission

Your Position
Planning Commissioner

Agency: __________________________ Position: __________________________

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)

[ ] Annual: The period covered is January 1, 2018, through December 31, 2018.

[ ] The period covered is ______/_____/_______, through December 31, 2018.

[ ] Assuming Office: Date assumed ______/_____/_______

[ ] Candidate: Date of Election ______/_____/_______ and office sought, if different than Part 1: __________________________

[ ] Leaving Office: Date Left ______/_____/_______

(Check one circle.)

[ ] The period covered is January 1, 2018, through the date of leaving office.

[ ] The period covered is ______/_____/_______, through the date of leaving office.

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

[ ] None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
Street
CITY
STATE
ZIP CODE
1444 W. Garden Ave, South West Covina CA 91790

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

Date Signed ______/_____/_______
(month, day, year)

Signature

(File the originally signed paper statement with your filing officials.)