

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) Spence (FIRST) Mike 2019 JAN -3 PM 1:02 (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of West Covina City Councilman
Division, Board, Department, District, if applicable Your Position

FILED BY WEST COVINA
CITY CLERK'S OFFICE

▶ 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)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2017, through December 31, 2017.
- or-
- The period covered is _____ through December 31, 2017.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left 12, 4, 2018
(Check one)
- The period covered is January 1, 2017, 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: _____

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 W. Covina STATE CA ZIP CODE _____
(Bus)

DAYTIME TELEPHONE NUMBER _____ E-MAIL 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
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE D
Income - Gifts

Name
Mike Spence

▶ NAME OF SOURCE (Not an Acronym)
Alta Med

ADDRESS (Business Address Acceptable)
2040 Camfield LA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 27, 18</u>	<u>\$ 300</u>	<u>2 tickets</u>
<u> </u>	<u>\$ </u>	<u>Alta Med / Food</u>
<u> </u>	<u>\$ </u>	<u>Wine Festival</u>

▶ 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)
<u> </u>	<u>\$ </u>	<u> </u>
<u> </u>	<u>\$ </u>	<u> </u>
<u> </u>	<u>\$ </u>	<u> </u>

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<u> </u>	<u>\$ </u>	<u> </u>
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Comments: _____