CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink. NAME OF FILER (LAST) 2019 JAN - 3 PM 1(MPP)=) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Covreilman Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _ County of ___ Stity of West Coving Other _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left 12, 4, 2018 Annual: The period covered is January 1, 2017, through (Check one) December 31, 2017. -or-O The period covered is January 1, 2017, through the date of The period covered is _______, through leaving office. December 31, 2017. -or-O The period covered is _______, through Assuming Office: Date assumed ______ the date of leaving office. and office sought, if different than Part 1: ___ Candidate: Date of Election ____ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: __ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -Or-5. Verification MAILING ADDRESS W. CONDE DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best or my knowledge the information 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 Signature_ (File the originally signed statement with your tiling onic.

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

| CALIFORNIA | FORM 700 |
|--------------|----------|
| Name M/KC | Spence |

| ▶ 1. BUSINESS ENTITY OR TRUST | ▶ 1. BUSINESS ENTITY OR TRUST |
|--|---|
| Campaign Citadel | Capital Communication |
| Name 11230 Gold Express Dr=130 Address (Business Address Acceptable) Check one Address (Business Address Acceptable) Check one | Name 212 E Raw and F124 Cosi Na (Address (Business Address Acceptable) Check one |
| Trust, go to 2 Business Entity, complete the box, then go to 2 | ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS COUCHNESS RELATIONS |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT Partnership Sole Proprietorship Other | NATURE OF INVESTMENT Partnership Sole Proprietorship Other |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) |
| \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 | \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 |
| ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | ► 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 | None or Names listed below |
| | Myuteman Transportation INC |
| | |
| ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box: |
| ☐ INVESTMENT ☐ REAL PROPERTY | ☐ INVESTMENT ☐ REAL PROPERTY |
| Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property | Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property |
| Description of Business Activity <u>or</u> City or Other Precise Location of Real Property | Description of Business Activity or City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 DISPOSED | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership | NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership |
| Leasehold Other | Leasehold Other |
| Check box if additional schedules reporting investments or real property are attached | Check box if additional schedules reporting investments or real property are attached |

Comments:___

SCHEDULE D Income - Gifts

| NAME OF SOURCE (Not an Adronym) | ▶ NAME OF SOURCE (Not an Acronym) |
|--|--|
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 7,17,18,300 2 1:42t5 | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| Alta Med/Kood | \$\$ |
| by Lyne. Festival | |
| ▶ NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| | \$ |
| | \$ |
| \$\$ | |
| NAME OF SOURCE (Not an Acronym) | ▶ NAME OF SOURCE (Not an Acronym) |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| \$ | |
| | |
| | \$ |
| Comments: | |
| | |