### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
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Please type or print in ink.		2021	MAR -8 AM 6.57
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Lewis	Nickolas	S	THE STEET CONTRA
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) City of West Covina			
Division, Board, Department, District, if applic	cable	Your Position	
		Elected City Clerk	
▶ If filing for multiple positions, list below or	on an attachment. (Do not us	se acronyms)	
Agency:			ng, Community & Senior Services)
2. Jurisdiction of Office (Check at lea	ast one box)		
☐ State	•	Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	idge, or Court Commissioner
Multi-County		County of	
City of West Covina		Other	
<ol> <li>Type of Statement (Check at least of Annual: The period covered is January December 31, 2020.</li> </ol>	5.	Note: Leaving Community & S  Leaving Office: Date Left	<u> 19                                   </u>
The period covered is/ December 31, 2020.	, through	O The period covered is Januar leaving office.	y 1, 2020, through the date of
Assuming Office: Date assumed	, 19 , 2021	O The period covered is the date of leaving office.	J, through
Candidate: Date of Election	and office sough	t, if different than Part 1:	
4. Schedule Summary (must com	olete) > Total number	r of pages including this cover pa	ae: 4
Schedules attached	Proteinanio	ar pages memanig and sever pa	
Schedule A-1 - Investments - sched	ule attached	Schedule C - Income, Loans, & Busines.	s Posilions - schedule attached
Schedule A-2 - Investments - sched	aic attached	Schedule D - Income - Gifts - schedule	
☐ Schedule B - Real Property - sched		Schedule E - Income - Gifts - Travel Pa	nymenis - schedule attached
-or- ☐ None - No reportable interes	sts on any schedule		
5. Verification  MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public De		70.4	91790
DAYTIME TELEPHONE NUMBER	***************************************	EMAIL ADDRESS	
DATIME TELEPHONE NUMBER		LMALINDALGO	
have used all reasonable diligence in prepare	ring this statement. I have revi	ewed this statement and to the best of my kr e this is a public document.	nowledge the information contained
I certify under penalty of perjury under the	e laws of the State of Califo	rnia that th	
Date Signed 2/16/2021		Signature	
(month, day, year)	100000000000000000000000000000000000000	77	

### **SCHEDULE A-1** Investments

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

<b>CALIFORNIA</b>	FORM		U
FAIR POLITICAL PRA	ACTICES	COMMIS	SION
Name		•	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Visa, Inc.	Gilead Sciences
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Payment Processor	Pharmaceutical
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000\$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /20 //20	04 / <sup>16</sup> / <b>20</b> / / <b>20</b>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ford Motor Co.	Anheuser Busch Inbev
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Automotive	Beverages
CARD MADVET VALLE	FAIR MARKET VALUE
FAIR MARKET VALUE \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
04 / 17 /20//20	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
➤ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Rio Tinto	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Metal and Mining	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
☐ Stock ☐ Other	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 20 1 20
//20//20 ACQUIRED DISPOSED	ACQUIRED DISPOSED
MOSORILE DIGI OULU	11
Comments:	

### **SCHEDULE A-2**

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CAL	.IFORN	IA FOF	RM /	00	)
	POLITICAL				
Nan	16				

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Lobello Lamb Lewis & Riley LLP	
Name 615 E. Foothill Blvd. Suite C San Dimas, CA 91773	Name
Address (Business Address Acceptable) Check one Note: Firm formerly known as Lewis Riley LLP	Address (Business Address Acceptable)
Check one Trust, go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Law Firm	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$\begin{array}{cccccccccccccccccccccccccccccccccccc	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \ \$2,000 - \$10,000   \ \$10,001 - \$100,000   \ \$100,001 - \$1,000,000   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Partner	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$\begin{array}{cccccccccccccccccccccccccccccccccccc
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names tisted below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR  LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  INVESTMENT REAL PROPERTY	► 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, <u>or</u> Assessor's Parcel Number or Street Address of 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	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     ACQUIRED   DISPOSED   Over \$1,000,000	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 Yrs. remaining Other	Leasehold Yrs. remaining 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:	FPPC Form 700 - Schedule A-7 (2020/2021

## SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Onl
\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
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
(Describe)
Other
(Describe)
iding institution, or any indebtedness created as part of ender's regular course of business on terms available tus. Personal loans and loans received not in a lender
INTEREST RATE TERM (Months/Years)
INTEREST RATE TERM (Months/Years)  None
% None
% None
% None
% None