

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Lewis Nickolas S

2022 MAR 30 AM 7:53  
CITY OF WEST COVINA  
CITY CLERK'S OFFICE

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of West Covina

Division, Board, Department, District, if applicable

Your Position

City Clerk

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

Agency: City of West Covina

Position: Planning Commissioner

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

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of West Covina

Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2021, through December 31, 2021.

*Note: Leaving as Community Service Services Commissioner*  
 **Leaving Office:** Date Left 1 / 19 / 2021  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2021.

The period covered is January 1, 2021, through the date of leaving office.

-or-

**Assuming Office:** Date assumed 1 / 19 / 2021

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

*Note: Assuming as Planning Commissioner*

**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: 5

**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

-or-  **None** - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL 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 \_\_\_\_\_

Date Signed 3/22/2022  
(month, day, year)

Signature \_\_\_\_\_  
(file the originally signed paper statement with your filing officer)

Print

Clear

**Agency**

City of West Covina

**Position**

Community & Senior Services Commissioner

# 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 FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name  <b>Nickolas S. Lewis</b>

▶ NAME OF BUSINESS ENTITY  
**Visa, Inc.**

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GENERAL DESCRIPTION OF THIS BUSINESS  
**Payment Processor**

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Gilead Sciences**

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GENERAL DESCRIPTION OF THIS BUSINESS  
**Pharmaceutical**

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Ford Motor Co.**

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GENERAL DESCRIPTION OF THIS BUSINESS  
**Automotive**

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Anheuser Busch Inbev**

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GENERAL DESCRIPTION OF THIS BUSINESS  
**Beverages**

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Rio Tinto**

---

GENERAL DESCRIPTION OF THIS BUSINESS  
**Metals and Mining**

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**3M Co.**

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GENERAL DESCRIPTION OF THIS BUSINESS  
**Conglomerate**

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FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
**3** / **11** / 21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

SCHEDULE A-2  
Investments, Income, and Assets  
of Business Entities/Trusts  
(Ownership Interest is 10% or Greater)

Name

Nickolas S. Lewis

**1. BUSINESS ENTITY OR TRUST**  
Lobello Lamb Lewis & Riley LLP  
Name [Redacted]  
Address (Business Address Acceptable) [Redacted]  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  \_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED  \_\_\_\_\_/\_\_\_\_\_/21 DISPOSED  
 \$2,000 - \$10,000  \_\_\_\_\_/\_\_\_\_\_/21  
 \$10,001 - \$100,000  \_\_\_\_\_/\_\_\_\_\_/21  
 \$100,001 - \$1,000,000  \_\_\_\_\_/\_\_\_\_\_/21  
 Over \$1,000,000  \_\_\_\_\_/\_\_\_\_\_/21

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  \_\_\_\_\_ Other \_\_\_\_\_

YOUR BUSINESS POSITION Partner

**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  \_\_\_\_\_

**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

**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, or Assessor's Parcel Number or Street Address 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  \_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED  \_\_\_\_\_/\_\_\_\_\_/21 DISPOSED  
 \$10,001 - \$100,000  \_\_\_\_\_/\_\_\_\_\_/21  
 \$100,001 - \$1,000,000  \_\_\_\_\_/\_\_\_\_\_/21  
 Over \$1,000,000  \_\_\_\_\_/\_\_\_\_\_/21

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_  
 Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**  
Name \_\_\_\_\_  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  \_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED  \_\_\_\_\_/\_\_\_\_\_/21 DISPOSED  
 \$2,000 - \$10,000  \_\_\_\_\_/\_\_\_\_\_/21  
 \$10,001 - \$100,000  \_\_\_\_\_/\_\_\_\_\_/21  
 \$100,001 - \$1,000,000  \_\_\_\_\_/\_\_\_\_\_/21  
 Over \$1,000,000  \_\_\_\_\_/\_\_\_\_\_/21

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  \_\_\_\_\_ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**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  \_\_\_\_\_

**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

**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, or Assessor's Parcel Number or Street Address 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  \_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED  \_\_\_\_\_/\_\_\_\_\_/21 DISPOSED  
 \$10,001 - \$100,000  \_\_\_\_\_/\_\_\_\_\_/21  
 \$100,001 - \$1,000,000  \_\_\_\_\_/\_\_\_\_\_/21  
 Over \$1,000,000  \_\_\_\_\_/\_\_\_\_\_/21

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_  
 Check box if additional schedules reporting investments or real property are attached

Print

Clear

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Nickolas S. Lewis

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Fridley Law Firm

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

YOUR BUSINESS POSITION  
N/A

GROSS INCOME RECEIVED     No Income - Business Position Only  
 \$500 - \$1,000                 \$1,001 - \$10,000  
 \$10,001 - \$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.)  
 Loan repayment  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other Referral Fees  
 \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

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 Only  
 \$500 - \$1,000                 \$1,001 - \$10,000  
 \$10,001 - \$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.)  
 Loan repayment  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$500 - \$1,000		_____
<input type="checkbox"/> \$1,001 - \$10,000		City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: \_\_\_\_\_

**Print**      **Clear**