

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

RECEIVED Please type or print in ink.

Lewis Nickolas S SITY OF WEST COVINA	NAME OF FILER (LAST)	(FIRST)	(MIDDZÉ)ZZ AUG TO PM 5: 03		
Agency, or Court Agency, Name (<i>Do not use accompts</i>) City of West Coovina Division, Board, Department, District, if applicable NIA If fling for multiple positions, list below or on an attachment. (<i>Do not use accronyms</i>) Agency: Position: 2. Jurisdiction of Office (<i>Check at least one box</i>) State: Multi-County County of City of West Covina 3. Type of Statement (<i>Check at least one box</i>) Annual: The period covered is January 1, 2021, through December 31, 2021. The period covered is Junuary 1, 2021, through December 31, 2021. Assuming Office: Date assumed /	Lewis	Nickolas	S		
City of West Coovina Division, Board, Department, District, if applicable N/A If fling for multiple positions, list below or on an attachment. (Do not use accroyvris) Agency: Position: Position: 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tern Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of Other 3. Type of Statement (Check at least one box) Annual: The period covered is Juneary 1, 2021, through December 31, 2021. Or. The period covered is Juneary 1, 2021, through December 31, 2021. Assuming Office: Date assumed In period covered is Juneary 1, 2021, through the date of leaving office. Candidate: Date of Election 11/8/2022 and office sought, if different than Part 1: 4. Schedule Summary (must complete) Schedule Summary (must complete) Schedule B - Real Property - schedule attached Schedule B - Income - Gifts - Irravel Payments - schedule attached Schedule B - Income - Gifts - Irravel Payments - schedule attached Schedule B - Income - Gifts - Irravel Payments - schedule attached Schedule B - Income - Gifts - Irravel Payments - schedule attached Schedule B - Income - Gifts - Irravel Payments - schedule attached Schedule B - Income - Gifts - Irravel Payments - schedule attached Schedule B - Income - Gifts - Irravel Payments - schedule attached Schedule B - Income - Gifts - Irravel Payments - schedule attached Schedule B - Income - Gifts - Irravel Payments - schedule attached Schedule B - Income -	1. Office, Agency, or Court		\$111 91 WEST SOTHWIT		
N/A N/A N/A N/A N/A N/A N/A N/A	Agency Name (Do not us	se acronyms)			
N/A City Clerk 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 State (Statewide Jurisdiction) Multi-County County of County of County of County of Cher 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through December 31, 2021. 101- 102- 103- 104- 105- 105- 106- 106- 107- 108- 108- 108- 108- 108- 108- 108- 108	City of West Ccovin	ıa			
Position: Position: Posi	Division, Board, Department, District, if applicable		Your Position		
Agency:	N/A		City Clerk		
State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	▶ If filing for multiple pos	itions, list below or on an attachment. (Do not	use acronyms)		
State	Agency:		Position:		
Multi-County County of County of County of Other	2. Jurisdiction of Off	fice (Check at least one box)			
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Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - 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 (Business or Agency Address Recommended - Public Document) 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 forestice is true. Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached	Schedules attach		, , , , , , , , , , , , , , , , , , , ,		
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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 formation is formation in the state of California that the formation is formation. Date Signed 8/10/2022 Signature	100000000000000000000000000000000000000	Tana Bearinghy			
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 formation is formation in the state of California that the formation is formation. Date Signed 8/10/2022 Signature					
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Date Signed 8/10/2022 Signature	herein and in any attache	e diligence in preparing this statement. I have red id schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained dge this is a public document.		
Signature Signature					
Signature Signature		8/10/2022			
	Date Signed		Signature		

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.

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES	

Nickolas S. Lewis

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	\$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 Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	// <u>/</u>
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
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 Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499
	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /21 / /21	/ /21 / /21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Rio Tinto	3M Co.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Metals and Mining	Conglomerate .
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	3 / ¹¹ / 21 / / 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	•
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES	COMMISSION
M	

Name

Nickolas S. Lewis

▶ 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)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Cther	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 TO THE ENTITY/TRUST) \$0 - \$499	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RA' SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499
➤ 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	➤ 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
LEASED BY THE BUSINESS ENTITY OR TRUST	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one how:
	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY Name of Business Entity, If Investment, or	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
Check one box:	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
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	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
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 \$10,001 - \$10,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	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 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
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 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 NATURE OF INTEREST	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 \$10,001 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST

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	▶ 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Fridley Law Firm	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3 Pointe Drive, Suite 208, Brea, CA 92821	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
N/A	
GROSS INCOME RECEIVED No Income - Business Position Only	CDOCCINOONE PECENTA
\$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$1,001 - \$10,000 \$1,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	
— Referral Fees	(Describe)
Other (Describe)	Cther(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of se lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
, <u></u>	_
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	Gudatto
OVER \$100,000	Other
	(Describe)
Comments:	