## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.	2820
NAME OF FILER (LAST) (FIRST)	(MD6LE) UG -9 PM 5: 36
LOPEZ, LETICIA	CITY OF Way
1. Office, Agency, or Court	CITY CLERK'S OFFICE
Agency Name (Do not use acronyms)  CITY OF W	JEST COVINA
Division, Board, Department, District, if applicable	Your Position
West Covina City	Councilwoman District 2
► 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	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
Bicity 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.	Leaving Office: Date Left/(Check one circle.)
The period covered is/, through December 31, 2021.	The period covered is January 1, 2021, through the date of leaving office.
Assuming Office: Date assumed	☐ The period covered is/, through the date of leaving office.
$\square$ Candidate: Date of Election $11/8/2022$ and office sought,	if different than Part 1:
4. Schedule Summary (must complete) ► Total number of Schedules attached	of pages including this cover page:
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Schedule A-1 - Investments – schedule attached  Schedule A-2 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – 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	ORBITATION OF THE ACTUAL THE STATE OF THE ACTUAL OF THE STATE OF THE S
MAILING ADDRESS STREET CITY	STATE ZIP CODE
Thave used an reasonable diagence in preparing this statement. Thave review herein and in any attached schedules is true and complete. I acknowledge (i	ved this statement and to the best of my knowledge the information contained his is a public document.
I certify under penalty of perjury under the laws of the State of Californi	a that the forestolands true and correct
Date Signed 8/9/2.022 Sig	gna
(month, day, year)	del.)