

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) Bill (FIRST) Wells (MIDDLE) D

1. Office, Agency, or Court

Agency Name City of El Cajon City Council member
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: San Diego County Wastewater JPA Position: member

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

State Judge (Statewide Jurisdiction)
 Multi-County County of _____
 City of El Cajon Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is _____ through December 31, 2010.
 Assuming Office: Date _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."
 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 None - No reportable interests on any schedule
► Total number of pages including this cover page: _____
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached



I have used all reasonable diligence in preparing this statement. I have reviewed it herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/22/11 (month, day, year) Signature

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

Name Bill Wens

▶ NAME OF BUSINESS ENTITY
Paradise Valley Hospital

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
401 K

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

NATURE OF INVESTMENT 401 K
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
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NATURE OF INVESTMENT
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IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$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:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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 Income Received of \$500 or More (Report on Schedule C)

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 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$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:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name Bill Wens

▶ STREET ADDRESS OR PRECISE LOCATION
307 Kentucky Ave
 CITY El Cajon CA 92020

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 10 DISPOSED / / 10

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ STREET ADDRESS OR PRECISE LOCATION

 CITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 10 DISPOSED / / 10

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____ % None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____ % None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

**SCHEDULE D
Income – Gifts**

Name Bill Weiss

No reportable gifts

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: No reportable gifts.

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Bill Wens

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: All income reported on schedule C