

STATEMENT OF ECONOMIC INTERESTS

Date Received
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PRACTICES COMMISSION



2013 MAR 11 AM 11:16

Please type or print in ink.

NAME OF FILER (LAST) Lewis (FIRST) Mark (MIDDLE) Steven
2013 MAY -2 AM 11:23

1. Office, Agency, or Court

Agency Name

City of El Cajon

Division, Board, Department, District, if applicable

Council

Your Position

Mayor

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

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is _____, through December 31, 2012.
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. V

[Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I have verified the information herein and in any attached schedules is true and complete. I acknowledge the accuracy of the information.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-19-2013 (month, day, year)

(File the originally signed statement with your filing official.)

**SCHEDULE D
Income - Gifts**

Name
Mark Lewis

▶ NAME OF SOURCE
Westfield Shopping Center
ADDRESS (Business Address Acceptable)

715 Parkway Plaza El Cajon, CA 92020
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Shopping Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/28/12</u>	<u>\$130</u>	<u>Tickets to movies</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Diamond Creations by Ramona
ADDRESS (Business Address Acceptable)

751 Jamacha Rd El Cajon CA 92019
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Diamond Creations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/2/12</u>	<u>\$60</u>	<u>ring cleaning</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Junction
ADDRESS (Business Address Acceptable)

777 Jamacha Rd El Cajon CA 92019
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Steakhouse + Seafood

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/1/12</u>	<u>\$100.00</u>	<u>Gift Certificate</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
The Californian
ADDRESS (Business Address Acceptable)

119 N. Magnolia Ave El Cajon Newspaper 92020
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/3/12</u>	<u>\$60</u>	<u>Food - Photo shoot grand</u>
___/___/___	\$ _____	<u>Opening Greg Eitelberger</u>
___/___/___	\$ _____	<u>Happyt Pizza 346 E. Main St</u>

▶ NAME OF SOURCE
Board of Directors 2nd District Agricultural Assoc
ADDRESS (Business Address Acceptable)

San Diego County Fair
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Jimmy Durante Blvd Del Mar CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/27/12</u>	<u>\$80</u>	<u>Lunch - Parking - Tickets C</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
City of El Cajon
ADDRESS (Business Address Acceptable)

City
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Dinner - 30 Annual John S. Founders

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/8/12</u>	<u>\$150</u>	<u>Dinner - Municipal Building</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name
Mark Lewis

▶ NAME OF SOURCE
Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
1095 Barona Rd Lakeside 92040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/10/12</u>	<u>\$ 100.00</u>	<u>Nuts</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Vieja Band of Kumeyaay Indians
 ADDRESS (Business Address Acceptable)
5000 Willows Rd Alpine CA 91901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/1/12</u>	<u>\$ 70.00</u>	<u>Box of cookies</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____