

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE  
FAIR POLITICAL PRACTICES COMMISSION

CITY CLERKS OFFICE

Please type or print in ink.

2013 MAR 20 P 1: 58 P  
(MIDDLE)

NAME OF FILER (LAST)

2013 APR -8 (FIRST)  
Rob P 1: 43

CITY OF SANTEE

1. Office, Agency, or Court

Agency Name

City Council

Division, Board, Department, District, if applicable

Your Position

Member

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

Agency: SANDAG / MTS

Position: Alternate / Alternate

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

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

County of San Diego

City of Santee

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2012, through December 31, 2012.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

The period covered is January 1, 2012, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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: \_\_\_\_\_

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

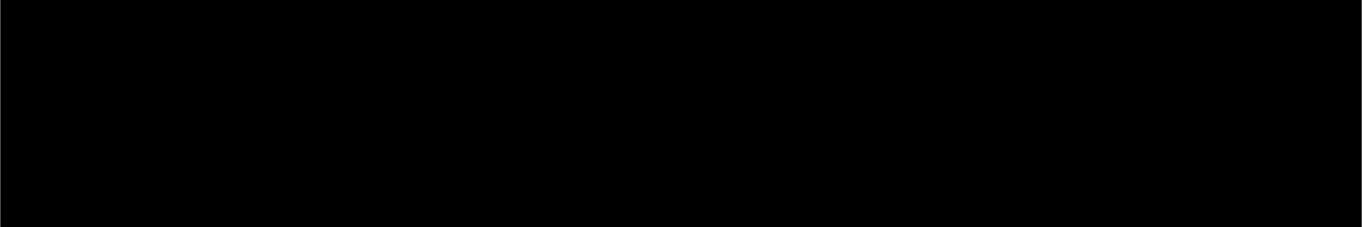
Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State

Date Signed 03/20/2013

(month, day, year)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Rob McNeilis

**1. BUSINESS ENTITY OR TRUST**

The One Stop Party Players, Inc.

Name  
 10836 Stoney Creek Ct., Santee, Ca 92071

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
 Mobile Entertainment

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                  \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12

\$2,000 - \$10,000                              ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corp.                      Other

YOUR BUSINESS POSITION President

**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 BUSINESS ACTIVITY**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                  \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12

\$2,000 - \$10,000                              ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

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

**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

**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                                  \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12

\$10,001 - \$100,000                              ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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

**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                                  \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12

\$10,001 - \$100,000                              ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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: \_\_\_\_\_



**SCHEDULE D**  
**Income – Gifts**

Name  
Rob McNeilis

▶ NAME OF SOURCE (Not an Acronym)  
**Best Best & Kreiger LLP**

ADDRESS (Business Address Acceptable)  
**500 Capital Mall #1700, Sacramento Ca 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**City Legal Council**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 05 / 12	\$ 116	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)  
**Sportsplex USA**

ADDRESS (Business Address Acceptable)  
**9951 Riverwalk Dr., Santee Ca 92071**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Baseball Park**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 28 / 12	\$ 100	School Foundation Gol
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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