

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) Sessom (FIRST) MARY (MIDDLE) T

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Lemon Grove Mayor
Division, Board, Department, District, if applicable Your Position

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: attached Position: attached

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

- State
Multi-County
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of San Diego
Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
-or- The period covered is through December 31, 2014.
Leaving Office: Date Left
The period covered is January 1, 2014, 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: 4
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
None - No reportable interests on any schedule

I certify under penalty of perjury under the laws

Date Signed 3/23/2015 (month, day, year)

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

Name
Mary T Sesson

1. BUSINESS ENTITY OR TRUST

Name
MRS Educational & Political Council
Address (Business Address Acceptable)
780 Montana St, Hemet, CA 91915

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED / /14 DISPOSED / /14

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION owner

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 or Names listed below

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
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED / /14 DISPOSED / /14

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

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

IF APPLICABLE, LIST DATE:
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NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

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IF APPLICABLE, LIST DATE:
ACQUIRED / /14 DISPOSED / /14

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**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Mary T. Sessom

▶ NAME OF SOURCE (Not an Acronym)
SD East County Chamber

ADDRESS (Business Address Acceptable)
Annual Dinner

BUSINESS ACTIVITY, IF ANY, OF SOURCE
El Cajon, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/25/2014</u>	<u>150</u>	<u>2 tickets</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

▶ NAME OF SOURCE (Not an Acronym)
Cox Communications

ADDRESS (Business Address Acceptable)
Federal Blvd, San Diego CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/12/2014</u>	<u>140</u>	<u>2 Padres tickets</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

▶ NAME OF SOURCE (Not an Acronym)
San Diego County Taxpayers

ADDRESS (Business Address Acceptable)
Golden Fleece Awards

BUSINESS ACTIVITY, IF ANY, OF SOURCE
San Diego Ca

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/19/2015</u>	<u>100</u>	<u>1 ticket</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

▶ 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)
Women in Transportation Seminar

ADDRESS (Business Address Acceptable)
San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Awards & Scholarship Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/11/2015</u>	<u>126</u>	<u>2 tickets</u>
___/___/___	\$ ___	_____
___/___/___	\$ ___	_____

▶ 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: _____

Form 700 Attachment

**Mayor Mary T. Sessom
City of Lemon Grove**

Agency

Position

San Diego Regional Airport Authority

Board Member

San Diego Association of Regional Governments

Board Member