



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Faulconer, Kevin Lee

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF SAN DIEGO

Division, Board, Department, District, if applicable Your Position

Mayor Mayor

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County County of San Diego
City 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
Leaving Office: Date Left
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: 7
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

Date Signed 04/01/2015 (month, day, year)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Kevin Lee Faulconer</u>

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF SAN DIEGO	Mayor	SanDag	Annual 1/1/2014 - 12/31/2014

SCHEDULE A-1 Investments

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Faulconer, Kevin Lee</u>

▶ NAME OF BUSINESS ENTITY
ImageWear Systems, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Digital Imaging Software

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____

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
Faulconer, Kevin Lee

▶ 1. BUSINESS ENTITY OR TRUST

Restaurant Events, Inc.
Name
2907 Shelter Island Drive Suite 105
San Diego, CA 92106
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Event sales
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____ DISPOSED _____
NATURE OF INVESTMENT
 Partnership Sole Proprietorship Corporation
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 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____ DISPOSED _____
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: _____

▶ 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 THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____ DISPOSED _____
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 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED _____ DISPOSED _____
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

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
San Diego Padres
 ADDRESS (Business Address Acceptable)
100 Park Boulevard
San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 12 / 14</u>	<u>\$ 128.95</u>	<u>Padres Team Jersey</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
U.S. Conference of Mayors
 ADDRESS (Business Address Acceptable)
1620 Eye Street, NW
Washington, DC 20006
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 14 / 14</u>	<u>\$ 65.00</u>	<u>Welcome Gift Package</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Ashford University
 ADDRESS (Business Address Acceptable)
13500 Evening Creek Drive N. Suite 600
San Diego, CA 92128
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 27 / 14</u>	<u>\$ 200.00</u>	<u>Summer Pops Opening Night</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Regional Chamber of Commerce
 ADDRESS (Business Address Acceptable)
402 W. Broadway Suite 1000
San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 14</u>	<u>\$ 29.00</u>	<u>Legislative Lounge</u>
<u>03 / 10 / 14</u>	<u>\$ 40.00</u>	<u>CEO Roundtable</u>
<u>02 / 25 / 14</u>	<u>\$ 130.00</u>	<u>Annual Dinner</u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego State University
 ADDRESS (Business Address Acceptable)
5900 Campanile Drive
San Diego, CA 92182
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 07 / 14</u>	<u>\$ 75.00</u>	<u>SDSU Legacy of Leadership</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
22nd Agricultural District
 ADDRESS (Business Address Acceptable)
2260 Jimmy Durante Boulevard
Del Mar, CA 92014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 15 / 14</u>	<u>\$ 60.00</u>	<u>Entry Fee Del Mar</u>
<u>07 / 17 / 14</u>	<u>\$ 105.00</u>	<u>Del Mar Opening Day</u>
<u> / /</u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income - Gifts

Name
Faulconer, Kevin Lee

▶ NAME OF SOURCE (Not an Acronym)
Bali Hai
 ADDRESS (Business Address Acceptable)
 2230 Shelter Island Drive
 San Diego, CA 92106
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 30 / 14</u>	<u>\$ 80.00</u>	<u>Bali Hai 60th Anniversary</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Downtown San Diego Partnership
 ADDRESS (Business Address Acceptable)
 401 B Street Suite 1000
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 13 / 14</u>	<u>\$ 77.00</u>	<u>Annual Dinner & Installation of</u>
<u>10 / 09 / 14</u>	<u>\$ 154.00</u>	<u>Alonzo Awards Dinner (2 tix)</u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
AEG Live
 ADDRESS (Business Address Acceptable)
 5759 Wilshire Boulevard
 Los Angeles, CA 90036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 28 / 14</u>	<u>\$ 440.00</u>	<u>Concert tickets (2 tix)</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego County Taxpayers Association
 ADDRESS (Business Address Acceptable)
 707 Broadway
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 23 / 14</u>	<u>\$ 46.00</u>	<u>Regional Mayor's Luncheon</u>
<u>06 / 19 / 14</u>	<u>\$ 140.00</u>	<u>Annual Awards Dinner (2 tix)</u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Bowl Games Association
 ADDRESS (Business Address Acceptable)
 9449 Friars Road Suite A
 San Diego, CA 92108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 27 / 14</u>	<u>\$ 340.00</u>	<u>Holiday Bowl Reception & game tickets (2 tix)</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></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)
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name

Faulconer, Kevin Lee

- Mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

<p>▶ NAME OF SOURCE (Not an Acronym) <u>Republican National Committee</u> ADDRESS (Business Address Acceptable) <u>310 First Street, S.E.</u> CITY AND STATE <u>Washington, DC 20003</u> <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>527 Tax Exempt Organization</u></p> <p>DATE(S): <u>05 / 07 / 14</u> - <u>05 / 08 / 14</u> AMT: \$ <u>440.00</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Airfare/hotel</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>Santa Clara County Republican Party of Silicon Valley</u> ADDRESS (Business Address Acceptable) <u>522 North Monroe Street</u> CITY AND STATE <u>San Jose, CA 95128</u> <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>527 Tax Exempt Organization</u></p> <p>DATE(S): <u>10 / 05 / 14</u> - <u>10 / 05 / 14</u> AMT: \$ <u>415.00</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description <u>Airfare</u></p>
<p>▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ _____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description _____</p>	<p>▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ _____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description _____</p>

Comments: _____