CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Lewis	Mark	Steven

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 (Statewide Jurisdiction)
- ☐ County of _____
- ☐ 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."

► 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*

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

Date Signed 2-20-2011 (month, day, year)

Signature

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Mark Lewis

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Royal Palace	1340 Broadway El Cajon, CA 92021	Restaurant and Banquet Hall	2/19/10	$55	Dinner
Westfield Shopping Center	415 Parkway Plaza El Cajon 92020	Shopping Center	2/12/10	$120	Tickets to movies
City of El Cajon	200 Civic Center Dr El Cajon 92020	Incorporated City	3/20/10	$150	Dinner - 22nd Awards
S.D. Electrical Joint Apprenticeship & Training Committee	4875 Viewridge Ave San Diego CA 92123-1649	Training	6/11/10	$55	Dinner-graduation
San Diego County Fair	2260 Jimmy Durante Blvd Del Mar CA	Fair	6/23/10	$55	Parking Lunch-fair entrance
Barona Band of Mission Indians	1095 Barona Rd Lakeside 92040	12-10-10	12/10/10	$60.00	Squirrel Brand nuts

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Mark Lewis

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: San Diego Gulls
ADDRESS *(Business Address Acceptable)*: 1250 Fletcher Pkwy El Cajon, CA 92020
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Games

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/26/10	$75	Dinner Tickets to Outback Restaurant 3 x $25 - 75.00 TOTAL
/ /	$	
/ /	$	

▶ 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: