

COVER PAGE

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Arambula David CITY CLERK

1. Office, Agency, or Court

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

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

Agency: Successor Agency, Housing Authority, Roadway & Lighting, Sanitation District Position: Council member / Commissioner

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of \_\_\_\_\_
- City of Lemon Grove  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election \_\_\_\_/\_\_\_\_/\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- 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

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
3232 Main Street Lemon Grove CA 91945  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(619) 434-6394 darambula@lemongrove.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 1/31/19 Signature [Signature] (File the originally signed paper statement with your filing official.)

