

**COVER PAGE**

*A PUBLIC DOCUMENT*

Filed Date: 04/01/2019 01:04 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Romero Lydia

**1. Office, Agency, or Court**

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

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

**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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
<u>3232 Main St</u>	<u>Lemon Grove</u>	<u>CA</u>	<u>91945-1705</u>	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
<u>( 619 ) 825-3800</u>	<u>lromero@lemongrove.ca.gov</u>			

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 04/01/2019 01:04 PM Signature Electronic Submission  
*(month, day, year)* *(File the originally signed paper statement with your filing official.)*

**SCHEDULE D**  
**Income – Gifts**

Name  
Lydia Romero

▶ NAME OF SOURCE (*Not an Acronym*)  
Institute of Local Government  
 ADDRESS (*Business Address Acceptable*)  
1400 K Street Suite 205 Sacramento CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 18</u>	\$ <u>22.79</u>	<u>breakfast, lunch</u>
<u>06 / 15 / 18</u>	\$ <u>20.99</u>	<u>breakfast, lunch</u>
<u>11 / 16 / 18</u>	\$ <u>17.98</u>	<u>breakfast, lunch</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*)  
Institute of Local Government  
 ADDRESS (*Business Address Acceptable*)  
1400 K Street Suite 205 Sacramento CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Board Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 23 / 18</u>	\$ <u>424.46</u>	<u>breakfast, (2) lunches, dinner, lodging (1 night)</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*)  
League of CA Cities  
 ADDRESS (*Business Address Acceptable*)  
1400 K Street Suite 400 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Policy Committee Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 19 / 18</u>	\$ <u>17.00</u>	<u>lunch</u>
<u>04 / 13 / 18</u>	\$ <u>34.00</u>	<u>lunch</u>
<u>06 / 08 / 18</u>	\$ <u>17.00</u>	<u>lunch</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: \_\_\_\_\_