

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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AUG 6 2020

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Arambula David N/A

1. Office, Agency, or Court

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

► 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, Retired Judge, Pro Tem 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, 2019, through December 31, 2019. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election November 3, 2020 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

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)

[Redacted] Lemon Grove, CA 91945

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[Redacted] darambula@lemongrove.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the schedules attached hereto and I certify that 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 information contained herein and in any attached schedules is true and complete.

Date Signed August 6, 2020 Signature
(month, day, year)