



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Alvarez, David

### 1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of San Diego  
Division, Board, Department, District, if applicable  
Councilmembers  
Your Position  
Councilmember District 8

► 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
- Multi-County \_\_\_\_\_
- City of San Diego
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2016, through December 31, 2016  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
  - The period covered is January 1, 2016, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

### 4. Schedule Summary (must complete) ► Total number of pages including this cover page: 7

#### Schedules attached

- 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**

### 5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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 03/24/2017 Signature \_\_\_\_\_  
(month, day, year) gned statement with your filing official.)

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

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name  David Alvarez

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City of San Diego	Councilmembers	Councilmember District 8	Annual 1/1/2016 - 12/31/2016
CITY OF SAN DIEGO	Public Facilities Financing Authority	Member	Annual 1/1/2016 - 12/31/2016
San Diego County Regional Airport		Board Member	Annual 1/1/2016 - 12/31/2016
San Diego Association of Governments (SANDAG)		Member of Board of Directors	Annual 1/1/2016 - 12/31/2016
Metropolitan Transit System		Member of Board of Directors	Annual 1/1/2016 - 12/31/2016

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Alvarez, David

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Nativity Prep Academy</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>2755 55th Street</u> <u>San Diego, Ca 92105</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>School</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Graduate Support Director</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)	<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ (Describe)	_____ (Describe)
<input type="checkbox"/> Other _____ (Describe)	<input type="checkbox"/> Other _____ (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____ Street address	
<input type="checkbox"/> \$500 - \$1,000	_____ City	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____ (Describe)	
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

## SCHEDULE D

### Income – Gifts

Name

Alvarez, David

## ▶ NAME OF SOURCE (Not an Acronym)

David Little

 ADDRESS (Business Address Acceptable)  
 11986 Alpine Terrace  
 San Diego, Ca 92128

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 16	\$ 100.00	Ticket to Aztec v. Kansas Game
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

General Motors

 ADDRESS (Business Address Acceptable)  
 P.O. Box 33170  
 Detroit, Mi 48232

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 31 / 16	\$ 205.00	Ticket to Cesar Chavez Foundation Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

Cohn Restaurant Group

 ADDRESS (Business Address Acceptable)  
 800 Seacoast Drive  
 Imperial Beach, Ca 91932

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 16	\$ 50.00	SEA 180 Baja Beach Party
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

Toni Atkins

 ADDRESS (Business Address Acceptable)  
 330 Encinitas Blvd. #101  
 Encinitas, Ca 92024

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Toni Atkins for Senate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 16	\$ 250.00	Ticket to One People, Una Frontera
01 / 18 / 16	\$ 50.00	Ticket to All People's Breakfast
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

San Diego City Firefighters, Local 145

 ADDRESS (Business Address Acceptable)  
 10405 San Diego Mission Road, #201  
 San Diego, Ca 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 16	\$ 119.00	Firefighter helmet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

Scripps Health

 ADDRESS (Business Address Acceptable)  
 435 H Street  
 Chula Vista, Ca 91910

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 16	\$ 50.00	Ticket to Harvey Milk Diversity Breakfast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Alvarez, David

▶ NAME OF SOURCE (Not an Acronym)  
American Medical Response  
 ADDRESS (Business Address Acceptable)  
 8808 Balboa Avenue  
 San Diego, Ca 92123  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 16</u>	<u>\$ 74.00</u>	<u>Ticket to SDCTA Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Frank Carrillo  
 ADDRESS (Business Address Acceptable)  
 333 H Street, Suite 6040  
 Chula Vista, Ca 91910  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

SIMNSA Health Plan

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 02 / 16</u>	<u>\$ 125.00</u>	<u>Ticket to 36th Annual Roosevelt Dinner</u>
<u>01 / 14 / 16</u>	<u>\$ 37.00</u>	<u>Cross-Border Luncheon Ticket</u>
<u>10 / 02 / 16</u>	<u>\$ 280.00</u>	<u>2 tickets for Chargers vs. Saints game</u>

▶ NAME OF SOURCE (Not an Acronym)  
League of California Cities Latino Caucus  
 ADDRESS (Business Address Acceptable)  
 770 L Street, Suite 1030  
 Sacramento, Ca 98514  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 06 / 16</u>	<u>\$ 144.90</u>	<u>Annual Conference dinner and gala</u>
<u>01 / 31 / 16</u>	<u>\$ 38.00</u>	<u>Winter Board Retreat breakfast</u>
<u>01 / 30 / 16</u>	<u>\$ 222.00</u>	<u>Winter Board Retreat breakfast, lunch and dinner</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>

▶ 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>

▶ 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: \_\_\_\_\_

Additional Schedule D Gifts from League of California Cities Latino Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/29/2016	\$39.00	Winter Board Retreat Reception

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

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Alvarez, David

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
Water Education for Latino Leaders  
 ADDRESS (Business Address Acceptable)  
930 Colorado Blvd. Building 2  
 CITY AND STATE  
Los Angeles, Ca 90041  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): 03 / 04 / 16 - 03 / 05 / 16 AMT: \$ 450.00  
 (If gift)  
 ▶ MUST CHECK ONE:       Gift    -or-     Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Focus on educating Latino  
leaders on water related issues.  
 ▶ If Gift, Provide Travel Destination Travel and lodging, San  
Jose, Ca

▶ NAME OF SOURCE (Not an Acronym)  
Consulate General of Canada  
 ADDRESS (Business Address Acceptable)  
550 S Hope Street, 9th Floor  
 CITY AND STATE  
Los Angeles, Ca 90071  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): 10 / 27 / 15 - 10 / 29 / 16 AMT: \$ 946.89  
 (If gift)  
 ▶ MUST CHECK ONE:       Gift    -or-     Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Invitation from the Canadian  
government to learn how the Canadian border  
 ▶ If Gift, Provide Travel Destination Travel and lodging, Canada

▶ NAME OF SOURCE (Not an Acronym)  
Local Progress, Center for Popular Democracy  
 ADDRESS (Business Address Acceptable)  
1875 Connecticut Avenue NW, 10th Floor  
 CITY AND STATE  
Washington, DC 20009  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 611.00  
 (If gift)  
 ▶ MUST CHECK ONE:       Gift    -or-     Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)  
 ▶ MUST CHECK ONE:       Gift    -or-     Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_