**CALIFORNIA FORM 700**
**FAIR POLITICAL PRACTICES COMMISSION**

# STATEMENT OF ECONOMIC INTERESTS
# COVER PAGE
*A PUBLIC DOCUMENT*

Date Initial Filing Received
*Filing Official Use Only*

Filed Date: 03/31/2025 04:42 PM
SAN: FPPC

*Please type or print in ink.*

| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| Lopez | Jessie | |

## 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Santa Ana

Division, Board, Department, District, if applicable

Your Position
City/Town Council Member

► 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
☐ Multi-County _____
☒ City of Santa Ana
☐ Judge, Retired Judge, Pro Tem 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, 2024, through December 31, 2024.
**-or-**
The period covered is _____/_____/_____, through December 31, 2024.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____
*(Check one circle below.)*
○ The period covered is January 1, 2024, through the date of leaving office.
**-or-**
○ 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 (required)

► ***Total number of pages including this cover page:*** 3

***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)*

[redacted]

DAYTIME TELEPHONE NUMBER | EMAIL ADDRESS

[redacted]

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** 03/31/2025 04:42 PM
*(month, day, year)*

**Signature** [redacted]
*(File the originally signed paper statement with your filing official.)*

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

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Jessie Lopez

## ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
County of Orange

ADDRESS *(Business Address Acceptable)*
601 N Ross street, Santa Ana, CA 92701

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Community Representative

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [x] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

## ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

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

* You are not required to report loans from a commercial lending institution, 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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE
_____% [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*

_____ *City*

- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

**Comments:** _____

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Name: Jessie Lopez

# SCHEDULE D
## Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Orange County Soccer Club
ADDRESS *(Business Address Acceptable)*
20 Fairbanks, Suite 181 Irvine, CA 92618
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Santa Ana Soccer Night + City Recognition

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 05 / 25 / 24 | $130.00 | OCSC Personalized Jersey |
| 10 / 19 / 24 | $50.00 | OCSC Soccer Ball |
| 10 / 19 / 24 | $1400.00 | OCSC Game Tickets (20) |

► 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)*
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)*
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)*
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)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| / / | $ | |
| / / | $ | |
| / / | $ | |

**Comments:**