

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) DE ARAKAL (FIRST) BYRON (MIDDLE) CITY OF COSTA MESA LE ROY
BY [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms) COSTA MESA PLANNING COMMISSION
Division, Board, Department, District, if applicable Your Position
COMMISSIONER

► 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 COSTA MESA Other _____

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

- Annual: The period covered is January 1, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, 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 _____ and office sought, if different than Part 1: _____

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

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)
77 FAIR DRIVE COSTA MESA CA 92626
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(714) 754-5165 BYRON.DEARAKAL@COSTAMESACA.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 4/2/2018
(month, day, year)

Signature [REDACTED]
(File the originally signed statement with your filing official.)