

COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Stephens John

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Costa Mesa  
Division, Board, Department, District, if applicable Your Position  
City 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  Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle.)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2019, 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 (must complete) ► Total number of pages including this cover page: 3

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 Dr Costa Mesa CA 92626-6520  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 714 ) 754-5221

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 06/01/2020 02:37 PM Signature Electronic Submission  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

John Stephens

**▶ 1. BUSINESS ENTITY OR TRUST**

Stephens Friedland LLP

Name \_\_\_\_\_

575 Anton Blvd, Suite 750, Costa Mesa CA 92626

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Law Firm

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/19    ____/____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Partner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19    ____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/19    ____/____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19    ____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
G&W Towing  
 ADDRESS *(Business Address Acceptable)*  
965 W. 18th Street, Costa Mesa, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Towing Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 15 / 19</u>	<u>\$ 400</u>	<u>Discount on impound fee for son's car</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Travel Costa Mesa  
 ADDRESS *(Business Address Acceptable)*  
940 South Coast Drive, Suite 265  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Promoting travel in Costa Mesa

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 18 / 19</u>	<u>\$ 230</u>	<u>Two tickets to the Taste of Costa Mesa</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
OC Fair & Event Center  
 ADDRESS *(Business Address Acceptable)*  
88 Fair Drive, Costa Mesa CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
OC Fair Operator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 09 / 19</u>	<u>\$ 300</u>	<u>Two tickets to George Thorogood concert</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Costa Mesa Professional Firefighters, 1465  
 ADDRESS *(Business Address Acceptable)*  
P.O. Box 2141, Costa Mesa CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 14 / 19</u>	<u>\$ 150</u>	<u>Entry to Lionhardt Golf tournament benefiting fallen or disabled firefighters</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: \_\_\_\_\_  
 \_\_\_\_\_