

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
CITY CLERK

22 AUG 11 PM 12:58

Please type or print in ink.

NAME OF FILER (LAST) Stephens (FIRST) John (MIDDLE) CITY OF COSTA MESA
BY ES

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Costa Mesa
Division, Board, Department, District, if applicable _____ Your Position Mayor

► 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, 2021, through December 31, 2021.
-or- The period covered is _____, through December 31, 2021.
 Assuming Office: Date assumed _____
 Candidate: Date of Election 11/8/22 and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle.)
 The period covered is January 1, 2021, through the date of leaving office.
-or- The period covered is _____, through the date of leaving office.

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
2004 N. Copella Ct Costa Mesa CA 92626
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(714) 337 1872 john@sf-lawyers.com

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 08/10/2022
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
John Stephens

▶ NAME OF SOURCE (Not an Acronym)
Paul Jara

ADDRESS (Business Address Acceptable)
2033 Huber Blvd, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Auto Upholster

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/11/21</u>	<u>\$ 150</u>	<u>Golf membership</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Roxy Benzeladze

ADDRESS (Business Address Acceptable)
22050 Stb City, Blue Brea

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bank of California

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/7/22</u>	<u>200</u>	<u>Gala ticket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
LA Chargers

ADDRESS (Business Address Acceptable)
3333 Susan St, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NFL Football

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/19/21</u>	<u>250</u>	<u>Game tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sara Swartzon

ADDRESS (Business Address Acceptable)
1851 E 1st St West SA, CA 92705

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lawyer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/27/22</u>	<u>\$ 100</u>	<u>Breakfast event</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Justin Miller

ADDRESS (Business Address Acceptable)
16405 gain CA 92627

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tree House

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/14/22</u>	<u>85</u>	<u>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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name Stephens Friedland LLP
 Address (Business Address Acceptable) 571 Amherst Blvd, Costa Mesa CA 92626 949 750
 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	___/___/21	___/___/21
<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)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$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	___/___/21	___/___/21
<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	___/___/21	___/___/21
<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)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$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	___/___/21	___/___/21
<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: _____