

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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AUG 05 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vasquez Racquel City Clerk

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Lemon Grove

Division, Board, Department, District, if applicable Your Position
City Council 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 Lemon Grove Other _____

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

- Annual: The period covered is January 1, 2023, through December 31, 2023. Leaving Office: Date Left _____ (Check one circle.)
- or- The period covered is _____, through December 31, 2023. The period covered is January 1, 2023, 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 Nov. 5, 2024 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 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)
3232 Main Street Lemon Grove CA 91945
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(619) 825-3800

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

Date Signed Aug. 5, 2024
(month, day, year)

Signature

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

Name
Racquel Vasquez

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street

CITY AND STATE
Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities and their residents

DATE(S): 9 / 21 / 23 - 9 / 21 / 23 AMT: \$ 335.68
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals, & lodging for volunteer services as a member of League of CA Cities

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street

CITY AND STATE
Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities and their residents

DATE(S): 11 / 29 / 23 - 12 / 1 / 23 AMT: \$ 1036.03
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals, & lodging for volunteer services as a member of League of CA Cities

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street

CITY AND STATE
Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities and their residents

DATE(S): 2 / 22 / 24 - 2 / 23 / 24 AMT: \$ 708.94
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals & lodging for volunteer services as a member of League of CA Cities

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
1400 K Street

CITY AND STATE
Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy fo cities and their residents

DATE(S): 4 / 19 / 24 - 4 / 20 / 24 AMT: \$ 928.52
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals, & lodging for volunteer services as a member of League of CA Cities

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

Name
Racquel Vasquez

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<p>▶ NAME OF SOURCE (Not an Acronym) <u>League of California Cities</u></p> <p>ADDRESS (Business Address Acceptable) <u>1400 K Street</u></p> <p>CITY AND STATE <u>Sacramento, CA</u></p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Advocacy for cities and their residents</u></p> <p>DATE(S): <u>7 / 11 / 24</u> - <u>7 / 12 / 24</u> AMT: \$ <u>762.37</u> <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input checked="" type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Travel, meals, & lodging for volunteer services as a member of League of CA Cities</u></p> <p>▶ If Gift, Provide Travel Destination _____</p>	<p>▶ NAME OF SOURCE (Not an Acronym)</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): _____ - _____ AMT: \$ _____ <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____</p> <p>▶ If Gift, Provide Travel Destination _____</p>
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Comments: _____