

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

AMENDMENT

Please type or print in ink.

NAME OF FILER (LAST) Martin (FIRST) Kamaal (MIDDLE) S.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Lemon Grove

Division, Board, Department, District, if applicable

Your Position

Candidate for Mayor

AUG 26 2020 PM 04:15

▶ 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, 2019, through December 31, 2019.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of December 31, 2019.

The period covered is January 1, 2019, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate: Date of Election Nov 2020 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)

San Diego CA 92113

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS  
votekamaal@gmail.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 8/17/2020

Signature

(month, day, year)

(File the original signed paper statement with your filing officer)



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

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p><b>NAME OF SOURCE OF INCOME</b> CCSA</p> <p><b>ADDRESS (Business Address Acceptable)</b> 250 E. 1st Street Suite 1000</p> <p><b>BUSINESS ACTIVITY, IF ANY, OF SOURCE</b> Education Advocacy</p> <p><b>YOUR BUSINESS POSITION</b> Director</p> <p><b>GROSS INCOME RECEIVED</b> <input type="checkbox"/> No Income - Business Position Only  <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000  <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p><b>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</b>  <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income                      (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____                      (Real property, car, boat, etc.)  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more                      _____                      (Describe)  <input type="checkbox"/> Other _____                      (Describe)</p>	<p><b>NAME OF SOURCE OF INCOME</b></p> <p><b>ADDRESS (Business Address Acceptable)</b></p> <p><b>BUSINESS ACTIVITY, IF ANY, OF SOURCE</b></p> <p><b>YOUR BUSINESS POSITION</b></p> <p><b>GROSS INCOME RECEIVED</b> <input type="checkbox"/> No Income - Business Position Only  <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p><b>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</b>  <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income                      (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____                      (Real property, car, boat, etc.)  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more                      _____                      (Describe)  <input type="checkbox"/> Other _____                      (Describe)</p>

**Comments:** ▶ 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable) _____	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<b>SECURITY FOR LOAN</b>	
	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address
		City
HIGHEST BALANCE DURING REPORTING PERIOD		
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

**Filer's Verification**

Print Name Kamaal Martin Office, Agency or Court City of Lemon Grove

Statement Type  2019/2020 Annual  Annual  Assuming  Leaving  Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8/17/2020 Filer's Signature \_\_\_\_\_  
 (month, day, year)