



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Inzunza, Michael Edward

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF CHULA VISTA
Division, Board, Department, District, if applicable Your Position
Candidate for Elective Office City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County
- City of Chula Vista
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of
- Other

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

- Annual: The period covered is January 1, 2022 through December 31, 2022.
- or-
- The period covered is ____/____/____, through December 31, 2022.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one circle)
- The period covered is January 1, 2022 through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election 3/5/2024 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)
Chula Vista ca 91913
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

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 12/03/2023 Signature Michael Edward Inzunza
(month, day, year) (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Edward Inzunza

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	SAN #
CITY OF CHULA VISTA	Candidate for Elective Office	City Council Member	Annual 1/1/2022 - 12/31/2022	111400085-NFH-0085
City of Chula Vista	Charter Review Commission	Member	Annual 1/1/2022 - 12/31/2022	111400085-NFH-0085

