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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) 2024 FEB - 1 P (MIDDLE)  
 FAESSEL STEPHEN J

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF ANAHEIM

Division, Board, Department, District, if applicable

DISTRICT 5

Your Position

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

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
 (Statewide Jurisdiction)

Multi-County

County of ORANGE

City of ANAHEIM

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 \_\_\_\_ 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)

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 2/7/2024  
 (month, day, year)

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

Attachment to Statement of Economic Interests Cover Page, Section 1 (Faessel, Stephen)

Multiple Agency expanded statement covers the following Agencies:

| <u>Agency</u>                                     | <u>Position</u>  | <u>Type of Filing</u> |
|---|------------------|-----------------------|
| Anaheim Successor Agency                          | Agency Member    | Annual                |
| Anaheim Housing Authority                         | Authority Member | Annual                |
| Anaheim Public Financing Authority                | Authority Member | Annual                |
| Anaheim Public Improvement Corporation            | Authority Member | Annual                |
| Anaheim Industrial Development Authority          | Authority Member | Annual                |
| Anaheim Housing and Public Improvements Authority | Authority Member | Annual                |
| Metropolitan Water District                       | Director         | Annual                |
| Orange County Sanitation District                 | Director         | Annual                |

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**SCHEDULE D**  
**Income – Gifts**

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

▶ NAME OF SOURCE (Not an Acronym)  
 Anaheim Chamber of Commerce

ADDRESS (Business Address Acceptable)  
 2099 S. St College Blvd., Anaheim CA 92806

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Anaheim Business Economic Development

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 06 / 06 / 23    | \$ 200.00 | Luncheon-Angels Base   |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
 Townsend Public Affairs

ADDRESS (Business Address Acceptable)  
 1401 Dove St., Ste. 330, Newport Beach CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 National League of Cities Conference

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 03 / 27 / 23    | \$ 200.00 | Dinner-Official/Spouse |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
 Carpi & Clay

ADDRESS (Business Address Acceptable)  
 601 New Jersey Avenue NW, Ste 300, WA, DC 2000

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 National League of Cities Conference

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 03 / 26 / 23    | \$ 200.00 | Dinner-Official/Spouse |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ 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) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

▶ 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) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

**Filer's Verification**

Print Name Stephen J. Faessel

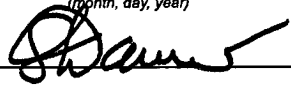
Office, Agency or Court \_\_\_\_\_

Statement Type  2023/2024 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

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 2/7/2024  
(month, day, year)

Filer's Signature 

Comments: Amended to include dinner with Townsend Public Affairs and Carpi & Clay