

AUG 07 2024

City of Banning
City Clerk's Office

Please type or print in ink.

NAME OF FILER (LAST)

Happe

(FIRST)

David

(MIDDLE)

C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Banning

Division, Board, Department, District, if applicable

City Council Member District 4

Your Position

Council Member

► 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 _____ 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.

 Assuming Office: Date assumed _____ The period covered is January 1, 2023, through the date of leaving office. Candidate: Date of Election 11/5/24 and office sought, if different than Part 1: _____ The period covered is _____, through the date of leaving office.

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
(Business or Agency Address Recommended - Public Document)

STREET

CITY

STATE

ZIP CODE

4256 Hillside Dr Banning

CA 92220

DAYTIME TELEPHONE NUMBER

(619) 916-6828

EMAIL ADDRESS

dhappephp@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

8/6/2024
(month, day, year)

Signature

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

RECEIVED

AUG 07 2024

City of Banning
City Clerk's Office

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

David Happe

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

SD CERS

ADDRESS (Business Address Acceptable)

1010 2nd Ave San Diego CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retired

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

 No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of _____
(Real property, car, boat, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or more
_____ Other **Retirement Benefit**
(Describe)**► 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

Comments: _____

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

David Happe

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Advantage Health Systems

ADDRESS (Business Address Acceptable)

4100 Nathan St

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Home Health

YOUR BUSINESS POSITION

RN

GROSS INCOME RECEIVED

 No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of _____
(Real property, car, boat, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or more
_____ Other _____
(Describe) Other _____
(Describe)

INTEREST RATE

TERM (Months/Years)

% None

SECURITY FOR LOAN

 None Personal residence Real Property _____ Street address

City

 Guarantor _____ Other _____
(Describe)

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City of Banning
City Clerk's Office**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

David Happe

► NAME OF BUSINESS ENTITY

Tesla

GENERAL DESCRIPTION OF THIS BUSINESS

Auto AI

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

6/10/24 / 23

ACQUIRED

DISPOSED

► NAME OF BUSINESS ENTITY

Micro Strategies

GENERAL DESCRIPTION OF THIS BUSINESS

Enterprise Software

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

10/10/23 / 23

ACQUIRED

DISPOSED

► NAME OF BUSINESS ENTITY

Ark 21 Shares

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other ETF _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

6/10/24 / 23

ACQUIRED

DISPOSED

Comments: _____

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____ (Describe)
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ACQUIRED

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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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IF APPLICABLE, LIST DATE:

6/10/24 / 23

ACQUIRED

DISPOSED