

COVER PAGE

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Faulconer, Kevin	Lee		(619) 236-6622		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
202 C St.	MS 10-A	San Diego	CA	92101	(619) 236-6992 KLFaulconer@sandiego.gov

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City of San Diego

Division, Board, District, if applicable:

District Two

Your Position:

Councilmember

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

4. Schedule Summary

➔ Total number of pages including this cover page: 8

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Travel Payments

-OR-

No reportable interests on any schedule

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

State

County of _____

City of San Diego

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2007, through December 31, 2007.

-OR-

The period covered is ____/____/____, through December 31, 2007.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-OR-

The period covered is ____/____/____, through the date of leaving office.

Candidate

5. Verification

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 04/01/2008
(month, day, year)

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

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Faulconer, Kevin Lee

> NAME OF BUSINESS ENTITY
ImageWear Systems, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Digital Imaging 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)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Spa Tiki, L.P.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Day spa

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 Spouse's ltd partnership interest
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ 12 / 31 / 07
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name
Faulconer, Kevin Lee

> 1. BUSINESS ENTITY OR TRUST

Restaurant Events, Inc.
 Name
 614 Fifth Avenue Suite J
 San Diego CA 92101
 Address

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY			
<u>Event sales</u>			
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:		
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____	
<input type="checkbox"/> \$10,001 - \$100,000			
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED	
<input type="checkbox"/> Over \$1,000,000			
NATURE OF INVESTMENT			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	Other _____
YOUR BUSINESS POSITION <u>None - spouse's business</u>			

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

Cohn Restaurant Group
Dick's Last Resort

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

614 Fifth Avenue Suite J
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

San Diego CA 92101
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:		
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____	
<input checked="" type="checkbox"/> \$10,001 - \$100,000			
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED	
<input type="checkbox"/> Over \$1,000,000			
NATURE OF INTEREST			
<input type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> Leasehold <u>2</u>	Yrs. remaining		<input type="checkbox"/> Other _____
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached			

> 1. BUSINESS ENTITY OR TRUST

Island Spa, Inc.
 Name
 614 Fifth Avenue Suite J
 San Diego CA 92101
 Address

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY			
<u>Day spa management - Inactive 12/31/07</u>			
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:		
<input checked="" type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____	
<input type="checkbox"/> \$10,001 - \$100,000			
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED	
<input type="checkbox"/> Over \$1,000,000			
NATURE OF INVESTMENT			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	Other _____
YOUR BUSINESS POSITION <u>None - spouse's business</u>			

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

Spa Tiki, L.P.

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Spa Tiki, L.P.
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Day spa
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:		
<input checked="" type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____	
<input type="checkbox"/> \$10,001 - \$100,000			<u>12/31/07</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED	
<input type="checkbox"/> Over \$1,000,000			
NATURE OF INTEREST			
<input type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock	<input checked="" type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____	Yrs. remaining		<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Check box if additional schedules reporting investments or real property are attached			

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
Faulconer, Kevin Lee

1. BUSINESS ENTITY OR TRUST

Island Spa, Inc. (CONTINUATION)
 Name

Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/_____

\$10,001 - \$100,000 _____/_____/_____

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

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

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

200 Harbor Drive Suite 200
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

San Diego CA 92101
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/_____

\$10,001 - \$100,000 _____/_____/_____

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold 10 Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

_____ Name

_____ Address

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/_____

\$10,001 - \$100,000 _____/_____/_____

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

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

\$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

_____ Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

_____ Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/_____

\$10,001 - \$100,000 _____/_____/_____

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____
Faulconer, Kevin Lee

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Jerry Dressel

ADDRESS
13220 Evening Creek Drive South
San Diego, CA 92128

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Day Spa Management

YOUR BUSINESS POSITION
None

GROSS INCOME RECEIVED
 \$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
 Loan repayment
 Sale of LP Interest in Spa Tiki, L.P.
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

2. LOAN RECEIVED

* You are not required to report loans from commercial lending institutions, 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)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	<i>Street address</i>

HIGHEST BALANCE DURING REPORTING PERIOD		<i>City</i>
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____	<i>(Describe)</i>
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

**SCHEDULE D
Income - Gifts**

Name
Faulconer, Kevin Lee

> NAME OF SOURCE
Mueller Lewis Concrete
ADDRESS
4345 Murphy Canyon Road Suite 100
San Diego, CA 92123
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Industry representative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/20/07</u>	<u>\$ 390.00</u>	<u>BIA Installation Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Centre City Development Corporation
ADDRESS
225 Broadway Suite 1100
San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE

City Development Corp

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/26/07</u>	<u>\$ 150.00</u>	<u>SD Chamber of Commerce Annual Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Southwest Strategies
ADDRESS
6050 Santo Road Suite 270
San Diego, CA 92124
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/07/07</u>	<u>\$ 175.00</u>	<u>SD Regional EDC Annual Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Cohn Restaurant Group
ADDRESS
656 5th Avenue
San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Restaurants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/09/07</u>	<u>\$ 250.00</u>	<u>CA Restaurant Association Awards Banquet</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
San Diego Medical Services Enterprise
ADDRESS
1010 2nd Avenue Suite 300
San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Ambulance service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/07/07</u>	<u>\$ 131.00</u>	<u>SD Downtown Partners Golf Tournament</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
BID District Council
ADDRESS
121 Broadway Suite 501
San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/28/07</u>	<u>\$ 70.00</u>	<u>SD Chamber Business Awards Luncheon</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
<u>Faulconer, Kevin Lee</u>

➤ NAME OF SOURCE

Jimsair

ADDRESS
2904 Pacific Highway
San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Air charter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/14/07</u>	<u>\$ 250.00</u>	<u>Yachtfest Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE

Westfield Group

ADDRESS
324 Horton Plaza
San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Shopping center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/15/07</u>	<u>\$ 150.00</u>	<u>Asian Business Assn Annual Awards Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____