

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

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NAME OF FILER (LAST) de Arakal (FIRST) Byron 22 OCT 2021 12:26

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

CITY OF COSTA MESA  
 BY BG

Agency Name (Do not use acronyms)  
City of Costa Mesa  
 Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position  
Planning Commissioner

► 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 Costa Mesa  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2021, through December 31, 2021.
- or- The period covered is \_\_\_\_\_ through December 31, 2021.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2021, through the date of leaving office.
- or-  The period covered is \_\_\_\_\_ through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
  - Schedule A-2 - Investments** – schedule attached
  - Schedule B - Real Property** – schedule attached
  - Schedule C - Income, Loans, & Business Positions** – schedule attached
  - Schedule D - Income - Gifts** – 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)  
77 Fair Drive Costa Mesa CA 92626

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 (714) 754-5165 byron.dearakal@costamesaca.gov

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 October 3, 2022 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**1. BUSINESS ENTITY OR TRUST**

Name Byron de Arakal

Address (Business Address Acceptable) 2816 Drake Avenue, Costa Mesa, CA 92626

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

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Land Use and Entitlement Consulting

**FAIR MARKET VALUE**                      **IF APPLICABLE, LIST DATE:**

<input type="checkbox"/> \$0 - \$1,999	_____ / ____ / <u>21</u>	_____ / ____ / <u>21</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

**NATURE OF INVESTMENT**  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION** Owner

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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.)**

None or  Names listed below  
TRC Retail

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

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

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	_____ / ____ / <u>21</u>	_____ / ____ / <u>21</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

**Comments:**

**Filer's Verification**

Print Name BYRON DE ARAKAL

Office, Agency or Court PLANNING COMMISSIONER

Statement Type  2021/2022 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(or)

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 10/3/22 (month, day, year)    Filer's Signature

Print    Clear

# SCHEDULE D Income – Gifts

▶ **NAME OF SOURCE (Not an Acronym)**  
Los Angeles Chargers

**ADDRESS (Business Address Acceptable)**  
3333 Susan Street, Costa Mesa, CA 92626

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Professional Sports Team

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 21	250	Game Ticket
/ /	\$	
/ /	\$	

▶ **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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ **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 BYRON DE NEKAL

Office, Agency or Court Planning Commissioner

Statement Type  2021/2022 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 10/3/22  
(month, day/year)

Filer's Signature

Comments: \_\_\_\_\_