

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hopper David Allen

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

Agency Name (Do not use acronyms)

City of Signal Hill

Candidate

Division, Board, Department, District, if applicable

Your Position

► 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 Los Angeles

☒ City of Signal Hill

☐ Other \_\_\_\_\_

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

☐ **Annual:** The period covered is January 1, 2021, through December 31, 2021.

☐ **Leaving Office:** Date Left \_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_\_, through December 31, 2021.

☐ The period covered is January 1, 2021, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_\_

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☒ **Candidate:** Date of Election 11/8/2022 and office sought, if different than Part 1: \_\_\_\_\_

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

**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  
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

2175 Cherry Ave

City of Signal Hill

California

90755-3713

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

( 562 ) 989-7305

cpahopper@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 07/26/2022  
(month, day, year)

Signature

David A Hopper

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

Print

Clear