

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

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JUL 29 2024  
CITY OF SOLVANG

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
INFANTI MARK LEWIS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF SOLVANG  
Division, Board, Department, District, if applicable

MAYOR  
Your Position

#1

MAYOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: CITY OF SOLVANG

Position: CITY COUNCIL DISTRICT #1

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 SOLVANG

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.

-or-

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Candidate: Date of Election Nov 5, 2024 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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)  
1644 OAK ST SOLVANG CA 93463

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(805) 697-6581 MARK.INFANTI@CITYOF SOLVANG.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 7/19/2024  
(month, day, year)

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