

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

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Opel Mary B.

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

Agency Name (Do not use acronyms)  
City of Dana Point  
Division, Board, Department, District, if applicable  
Your Position  
Planning Commission 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 Dana Point  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2023, through December 31, 2023.  
-or- The period covered is \_\_\_\_\_, through December 31, 2023.  
 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, 2023, through the date of leaving office.  
-or-  The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 2

**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

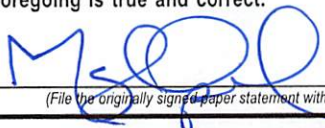
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
33282 Golden Lantern Dana Point CA 92629  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 949 ) 248-3500 mopel@danapoint.org

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 3/11/24  
(month, day, year)

Signature   
(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)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name Mary Opel

**1. BUSINESS ENTITY OR TRUST**

Faris Construction Company

Name 2180 El Camino Real, Suite 400 Oceanside, CA 92054

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS  
General Construction Company

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

|   |          |          |
|---|----------|----------|
| <input type="checkbox"/> \$0 - \$1,999                      |          |          |
| <input type="checkbox"/> \$2,000 - \$10,000                 | _/_/23   | _/_/23   |
| <input type="checkbox"/> \$10,001 - \$100,000               | ACQUIRED | DISPOSED |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 |          |          |
| <input type="checkbox"/> Over \$1,000,000                   |          |          |

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     S Corp     Other

YOUR BUSINESS POSITION Corporate Secretary

**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 checked="" type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input 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

SEE ATTACHED

**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      |          |          |
| <input type="checkbox"/> \$10,001 - \$100,000    | _/_/23   | _/_/23   |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> 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

**1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

|  |          |          |
|--|----------|----------|
| <input type="checkbox"/> \$0 - \$1,999           |          |          |
| <input type="checkbox"/> \$2,000 - \$10,000      | _/_/23   | _/_/23   |
| <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 INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**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 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

**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      |          |          |
| <input type="checkbox"/> \$10,001 - \$100,000    | _/_/23   | _/_/23   |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> 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 A-2

Attachment

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br>Mary Opel   |

**BUSINESS ENTITY OR TRUST : Faris Construction Company**

| LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE |
|---|
| Eastern Municipal Water District                                |
| Faris El Cam LLC  |
| Helix Water District  |