

11 APR -8 PM 3:55

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ramirez Rodolfo

1. Office, Agency, or Court

Agency Name

City of Chula Vista

Division, Board, Department, District, if applicable

Your Position

City Council

City Councilman, Seat #1

► If filing for multiple positions, list below or on an attachment.

Agency: SANDAG

Position: Board of Directors, Alternate

RECEIVED
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CITY OF CHULA VISTA
CITY CLERK'S OFFICE

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

State

Judge (Statewide Jurisdiction)

Multi-County

County of

City of Chula Vista

Other

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

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

-or-

The period covered is ____/____/____, through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date ____/____/____

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

Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 11

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

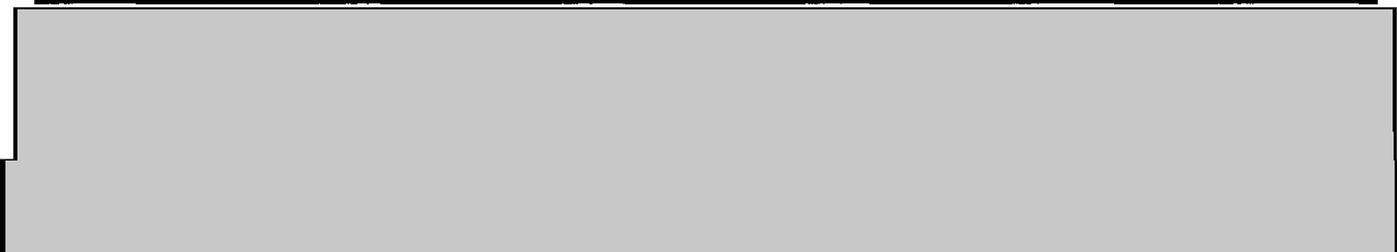
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/22/11
(month, day, year)

Signature

Rodolfo Ramirez

Form 700
Cover Page
Attachment "A"

Filed March 22, 2011

Rodolfo Ramirez
Councilman
City of Chula Vista
276 4th Ave
Chula Vista, CA 91910

Additional Positions (Section 1)

- 1.) SANDAG Borders Committee
Board Member

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

Name
Rodolfo Ramirez

▶ NAME OF BUSINESS ENTITY
Intel Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ISHARES S & P Value

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ISHARES S & P Growth

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Janus International Equity Fund A

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

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 Mutual Fund
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Keeley Small Cap Value

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

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 Mutual Fund
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Garmin Ltd Shs N/R

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments: _____

**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
Rodolfo Ramirez

▶ NAME OF BUSINESS ENTITY
Intuit

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Alliance NFJ Intl Value Fund Class A

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

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 Mutual Fund
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 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

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(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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NATURE OF INVESTMENT
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(Describe)
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IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments: _____

Rodolfo Ramirez

Form 700
Schedule A-2
Attachment "B"

Filed March 22, 2011

Rodolfo Ramirez
Councilman
City of Chula Vista
276 4th Ave
Chula Vista, CA 91910

Reportable Single Sources of Income (\$10,000 or greater):

- 1.) Dan Levy Construction
- 2.) Dick Miller Inc
- 3.) Triad Construction
- 4.) Fordyce Construction
- 5.) Har Construction
- 6.) Southwest Christian School
- 7.) Pat Slayter Construction
- 8.) Bergman Company
- 9.) Lion Industries

**SCHEDULE D
Income – Gifts**

Name
Rodolfo Ramirez

▶ NAME OF SOURCE
Chula Vista Chamber of Commerce
ADDRESS (Business Address Acceptable)
233 Fourth Ave Chula Vista, CA 91910
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 22 / 10</u>	<u>\$ 170</u>	<u>2 tickets to inst dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Asian Buissness Association
ADDRESS (Business Address Acceptable)
5675 Ruffin Rd. San Diego, CA 92123
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 18 / 10</u>	<u>\$ 80</u>	<u>Tickets to Lunar Nw Yr</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
National Conflict Resolution Center
ADDRESS (Business Address Acceptable)
625 Broadway, Suite 1221 San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 11 / 10</u>	<u>\$ 55</u>	<u>tickets to award dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
South County Economic Development Council
ADDRESS (Business Address Acceptable)
1111 Bay Boulevard National City, CA 91911
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 17 / 10</u>	<u>\$ 99</u>	<u>economic summit</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
League of California Cities
ADDRESS (Business Address Acceptable)
PO Box 82081 San Diego, CA 92130
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 15 / 10</u>	<u>\$ 70</u>	<u>Tickets annual dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
National Electrical Contractors Association
ADDRESS (Business Address Acceptable)
9350 Waxie Way #540 San Diego, CA 92123
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 9 / 10</u>	<u>\$ 84</u>	<u>tickets inst dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

Name
Rodolfo Ramirez

▶ NAME OF SOURCE
Neighborhood Market Association
ADDRESS (Business Address Acceptable)
8923 La Mesa Blvd, 2nd Floor La Mesa, CA 91941
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 22 / 10</u>	<u>\$ 150</u>	<u>tickets to banquet</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Paul Borden
ADDRESS (Business Address Acceptable)
1903 Wright Place, Ste. 220 Carlsbad, CA 92008
BUSINESS ACTIVITY, IF ANY, OF SOURCE
real estate developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 19 / 10</u>	<u>\$ 25</u>	<u>lunch</u>
<u>6 / 1 / 10</u>	<u>\$ 25</u>	<u>lunch</u>
<u>9 / 15 / 10</u>	<u>\$ 25</u>	<u>lunch</u>

▶ NAME OF SOURCE
Perry Dealy
ADDRESS (Business Address Acceptable)
One Market Place, 33rd Floor San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real estate developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 14 / 10</u>	<u>\$ 75</u>	<u>lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
San Diego Regional Chamber of Commerce
ADDRESS (Business Address Acceptable)
402 W. Broadway, Suite 1000 San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 29 / 10</u>	<u>\$ 50</u>	<u>tickets to tribute gala</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Casa Familiar
ADDRESS (Business Address Acceptable)
119 West Hall Ave, San Ysidro, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 20 / 10</u>	<u>\$ 150</u>	<u>Tickets to reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

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: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Rodolfo Ramirez
--

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
 NALEO Educational Fund

ADDRESS (Business Address Acceptable)
 1122 W. Washington

CITY AND STATE
 Los Angeles, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 non-profit

DATE(S): 4 / 23 / 10 - 4 / 25 / 10 AMT: \$ 505.62
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: travel expenses for attendance at Policy
 Institute on Healthy Communities

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____