

COVER PAGE

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CITY OF VISTA
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2011 MAR 1 PM 5:06
(MIDDEE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)

Ritter, Judy K.

1. Office, Agency, or Court

Agency Name
City of Vista, Mayor Board member on Following Agencies: Encina Wastewater, San Diego Association of
Division, Board, Department, District, if applicable Your Position
Governments, North County Transit Distr, League Ca Cities

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

Agency: Buena Sanitation District Position: Director

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

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of San Diego
- City of Vista Other Buena Sanitation District

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

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is ____/____/____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
- Assuming Office: Date 12, 7, 2010 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." 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

► Total number of pages including this cover page: 3



herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-1-2011 (month, day, year)

Signature

AMENDED

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED Date Received
Official Use Only
CITY OF VISTA
CITY CLERK'S DEPT.

11 APR -1 PM 4:06

2011 MAR 10 AM 7:35

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
RITTER JUDY

T
TP

1. Office, Agency, or Court

Agency Name
City of Vista, Encina Wastewater Authority, San Diego Association of Governments, North County Transit District
Division, Board, Department, District, if applicable Your Position
Mayor, Board Member, Alternate Board Member

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

Agency: Buena Sanitation District Position: Director

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

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of San Diego
- City of Vista Other Buena Sanitation District

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

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is _____ through December 31, 2010.
- Assuming Office: Date 12 / 7 / 10
- Leaving Office: Date Left ____/____/____ (Check one)
- 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: 4
- 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.

(d)(5)

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 March 9, 2011
(month, day, year)

Signature (d)(5)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Judy Ritter, Inc.</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>702 Bel Air Drive West</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Real Estate Sales</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Realtor</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <i>(Describe)</i>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <i>(Describe)</i>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <i>Street address</i> _____ <i>City</i>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> Guarantor _____	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____ <i>(Describe)</i>	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF SOURCE
Vista Chamber of Commerce

ADDRESS (Business Address Acceptable)
201 Washington Street, Vista, CA 92084

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meet the Leaders Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 5 / 10</u>	<u>\$ 45.00</u>	<u>Dinner Shadowridge</u>
<u> / / </u>	<u>\$ </u>	<u>Country Club</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>

▶ NAME OF SOURCE
Cox Communications (Joe Gabaldon, Govt. Liaison)

ADDRESS (Business Address Acceptable)
2790 Business Park Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Carlsbad Mayor Bud Lewis State of the City Address

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 27 / 10</u>	<u>\$ 49.50</u>	<u>Lunch</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>

▶ 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>

▶ 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: _____