

**STATEMENT OF ECONOMIC INTERESTS**

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SAN DIEGO, CALIF.

Please type or print in ink.

NAME OF FILER (LAST) YOUNG (FIRST) ANTHONY (MIDDLE) K.

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

Agency Name  
CITY OF SAN DIEGO  
Division, Board, Department, District, if applicable  
CITY COUNCIL  
Your Position  
COUNCIL MEMBER

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of SAN DIEGO  Other \_\_\_\_\_

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010. (Check one)  
 **Assuming Office:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is January 1, 2010, through the date of leaving office.  
 **Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**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

5. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 3/24/11 (month, day, year) Signature \_\_\_\_\_

# SCHEDULE D Income – Gifts

Name  
ANTHONY K. YOUNG

▶ NAME OF SOURCE  
Bridgepoint Education, Inc.  
ADDRESS (Business Address Acceptable)  
13480 Evening Creek Dr., San Diego  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 26 / 10</u>	<u>\$ 250.00</u>	<u>SD Symphony's Tux</u>
<u> / / </u>	<u>\$ _____</u>	<u>and Tennis</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE  
Lyceum Theatre  
ADDRESS (Business Address Acceptable)  
Horton Plaza, San Diego  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 23 / 10</u>	<u>\$ 150.00</u>	<u>2 tickets to Hairspray</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE  
The Center Community Center  
ADDRESS (Business Address Acceptable)  
3909 Centre St., San Diego  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Community Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 23 / 10</u>	<u>\$ 200.00</u>	<u>Center's Annual Gala</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE  
La Jolla Playhouse  
ADDRESS (Business Address Acceptable)  
2910 La Jolla Village Dr., San Diego  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 10</u>	<u>\$ 200.00</u>	<u>2 tickets to Ruined</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE  
San Diego Association of Realtors  
ADDRESS (Business Address Acceptable)  
4845 Ronson Ct., San Diego 92111  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 10</u>	<u>\$ 95.00</u>	<u>Annual Golf Tourname</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**

- **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**  
League of California Cities  
 ADDRESS (Business Address Acceptable)  
1400 K Street  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Advocacy for cities and residents  
 DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 536.09  
*(if applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Travel, meals & lodging for volunteer services as a member of the League board of directors.

▶ **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: \_\_\_\_\_