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**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**

RECEIVED  
COVER PAGE  
CITY COUNCIL  
PRACTICES COMMISSION

RECEIVED  
CITY OF VISTA  
2013 APR 17

Please type or print in ink.

NAME OF FILER (LAST) AGUILERA (FIRST) JOHN (MIDDLE) JOSEPH  
2013 APR 17 9:07

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

Agency Name  
City Council of Vista  
Division, Board, Department, District, if applicable  
Council Member  
Your Position  
Council Member

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

Agency: Buena Sanitation District Position: Board Member

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Vista  Other \_\_\_\_\_

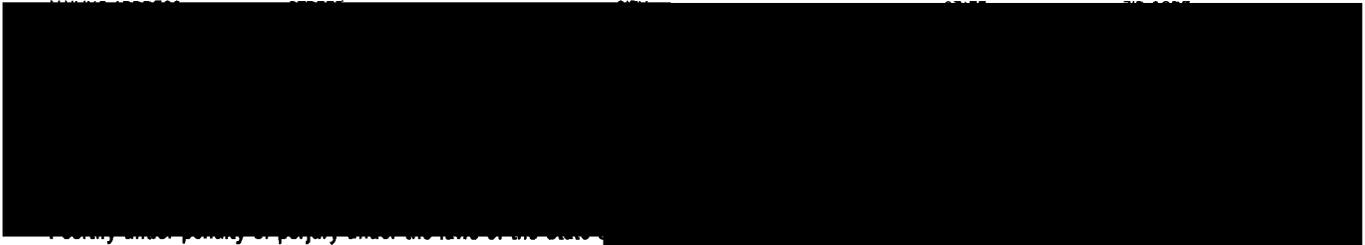
**3. Type of Statement (Check at least one box)**

**Annual:** The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2012.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2012, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**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**



Date Signed 03/15/2013  
(month, day, year)

**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 \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

**Advanced Financial Solutions**  
Name \_\_\_\_\_  
**4755 Oceanside Blvd Ste 140, Oceanside, CA 92056**  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
**Financial Advisor**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$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

\_\_\_\_\_

\_\_\_\_\_

**▶ 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:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust                       Stock                       Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining                       Other \_\_\_\_\_

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 BUSINESS ACTIVITY**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 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)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$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

\_\_\_\_\_

\_\_\_\_\_

**▶ 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:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust                       Stock                       Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining                       Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**California State University San Marcos-Anne Fleming**  
 ADDRESS (Business Address Acceptable)  
**333 S. Twin Oaks Valley Road, San Marcos CA**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Meet the Leaders Dinner Shadowridge Country Club**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 12	\$ 40.00	1 ticket
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Moonlight Cultural Foundation Opening Night**  
 ADDRESS (Business Address Acceptable)  
**1400 Vale Terrace, Vista, CA 92084**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**non-profit fundraising support the Moonlight Theatre**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 27 / 12	\$ 50.00	2 tickets Legally Blond
06 / 27 / 12	\$ 70.00	2 dinners
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Vista Fire Fighters Association, IAFF Local 4107**  
 ADDRESS (Business Address Acceptable)  
**POBox 1119, Vista, CA 92085-1119**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Spirit of Courage Awards Dinner Burn Institute**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 24 / 12	\$ 140.00	2 tickets
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Bicycle Casino Event Calendar**  
 ADDRESS (Business Address Acceptable)  
**7301 E. Avenue, Bell Gardens, CA**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Honorary Lunch Bob Carter, Investment Advisory Co**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 31 / 12	\$ 45.00	Paid for Spouse
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Thrivant - Robert "Jeff" Crane**  
 ADDRESS (Business Address Acceptable)  
**3402 Plaza De Oro Way #200, Oceanside, CA 92056**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Boys & Girls Club of Vista's Annual Benefit Gala**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 12	\$ 60.00	2 tickets
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Vista Fire Fighters Association, IAFF Local 4107**  
 ADDRESS (Business Address Acceptable)  
**POBox 1119, Vista, CA 92085-1119**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Fire Fighters**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 12	\$ 50.00	Holiday Gift Basket
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
**John J Aguilera**

▶ NAME OF SOURCE *(Not an Acronym)*  
**EDCO - Margo Cobian(Vista Chamber of Commerce)**

ADDRESS *(Business Address Acceptable)*  
**224 S. Las Posas Road, San Marcos CA 92078**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**State of City Lunch**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 06 / 12	\$ 29.00	1 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_