



MAR 24 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) CITY CLERK
AGUILERA JOHN JOSEPH CITY OF VISTA, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City Council of Vista

Division, Board, Department, District, if applicable

Your Position

Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Buena Sanitation District

Position: Board Member

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 APR -3 PM 1:28

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, 2013, through December 31, 2013.

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

-or-

The period covered is ____/____/____, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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

Candidate: Election year _____ and 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 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

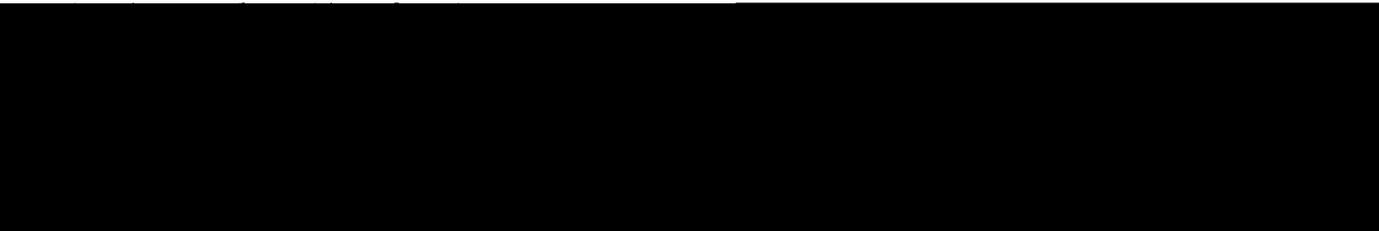
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

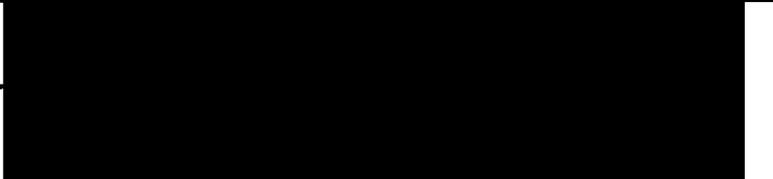
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 03/18/2014
(month, day, year)



SCHEDULE D
Income – Gifts

Name
John J Aguilera

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 16 / 13</u>	<u>\$ 60.00</u>	<u>Holiday Gift Basket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
EDCO, Jeff Ritchie, Vice President
 ADDRESS (Business Address Acceptable)
2234 S. Los Posas, San Marcos, CA 92078
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Recycling & Waste Collection Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 13</u>	<u>\$ 30.00</u>	<u>Chamber Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Vista Chamber of Commerce Meet the Leaders event
 ADDRESS (Business Address Acceptable)
127 Main Street, Vista, CA 92084
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
promote business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 22 / 13</u>	<u>\$ 65.00</u>	<u>Reception & Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Gas & Electric - Chamber Sponser
 ADDRESS (Business Address Acceptable)
8326 Century Park Court, San Diego CA 92123
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 19 / 13</u>	<u>\$ 65.00</u>	<u>Dinner HEROES event</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<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 John J Aguilera
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- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Jewish Federation of San Diego County

ADDRESS (Business Address Acceptable)
 4950 Murphy Canyon Road

CITY AND STATE
 San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Seminar in Israel for elected officials

DATE(S): 07 / 21 / 13 - 07 / 28 / 13 AMT: \$ 5,400.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____