

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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OCEANSIDE CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Wood James F.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oceanside

Division, Board, Department, District, if applicable

Your Position

City Council

Mayor

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of Oceanside
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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FAIR POLITICAL PRACTICES COMMISSION
2014 APR 13 PM 1:27

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____, through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- 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."

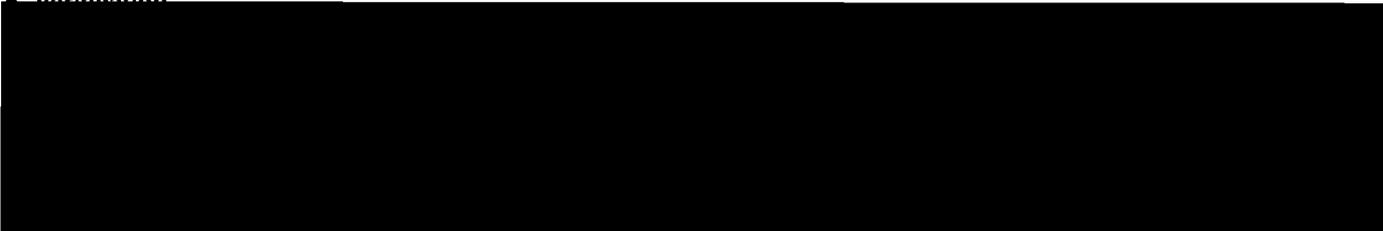
► Total number of pages including this cover page: 2

- 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



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

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

SCHEDULE D Income – Gifts

Name
Wood, James F.

▶ NAME OF SOURCE (Not an Acronym)
Interfaith Community Services

ADDRESS (Business Address Acceptable)
550 W. Washington Avenue, Escondido CA 92025

BUSINESS ACTIVITY, IF ANY, OF SOURCE
community/homeless organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 20 / 13</u>	\$ <u>225.00</u>	<u>comm dinner event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Asian Business Association

ADDRESS (Business Address Acceptable)
7675 Dagget St, San Diego CA 92111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 19 / 13</u>	\$ <u>80.00</u>	<u>comm dinner event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Tri-City Hospital Foundation

ADDRESS (Business Address Acceptable)
4002 Vista Way, Oceanside CA 92056

BUSINESS ACTIVITY, IF ANY, OF SOURCE
hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 13</u>	\$ <u>100.00</u>	<u>comm lunch 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>

▶ NAME OF SOURCE (Not an Acronym)
North County LGBTQ Resource Center

ADDRESS (Business Address Acceptable)
510 N Coast Hwy, Oceanside 92054

BUSINESS ACTIVITY, IF ANY, OF SOURCE
comm resources center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 18 / 13</u>	\$ <u>50.00</u>	<u>comm 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: _____