



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
RIOS RAMONA (Mona) MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

National City Council/Community Development Commission-Housing Authority of the City of National City

Division, Board, Department, District, if applicable

Your Position

Board

Councilmember, City of National City

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

Agency: (see attached)

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of San Diego

City of NATIONAL CITY

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: 3

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

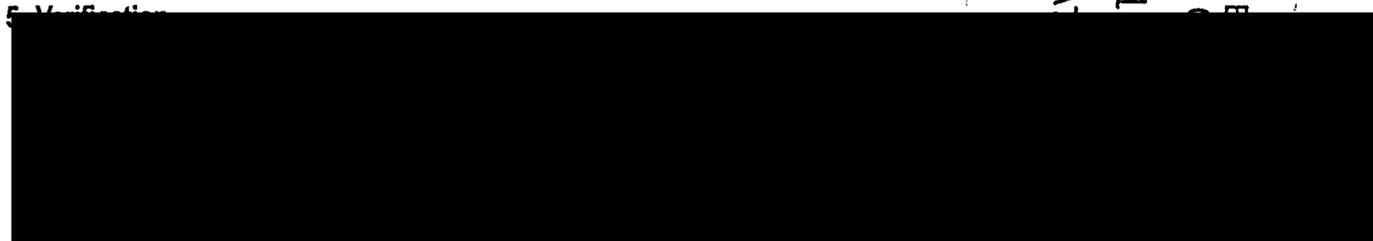
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

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

-or-

None - No reportable interests on any schedule



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

Date Signed 03/30/2014

(month, day, year)

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2014 APR -7 PM 1:56

RECEIVED  
CITY OF NATIONAL CITY  
2014 APR 11

Ramona Rios (Mona)  
Form 700 (attachment)  
March 30, 2014

1. List of multiple positions

- A. Successor Agency to the Community Development Commission as the National City Redevelopment Agency – Council  
Position: Councilmember, City of National City
- B. Heartland Communications Facility Authority – Board (contract expired with the City – June 30, 2013)  
Position: Commissioner – Councilmember, City of National City
- C. Metropolitan Transit System – Board  
Position: Director – Councilmember, City of National City
- D. Metropolitan Transit System – Ad Hoc Public Security  
Position: Member – Councilmember, City of National City
- E. LOSSAN Rail Corridor Agency  
Position: Alternate, Councilmember, City of National City
- F. San Diego Association of Government – San Diego Regional Planning Committee  
Position: Commissioner - Councilmember, City of National City
- G. League of California Cities – San Diego County Division  
Position: Alternate, Councilmember, City of National City
  - a. Policy Committee – Transportation, Communication and Public Works (Jan/2012 – Dec/2013)
  - b. Policy Committee – Employee Relations (Jan/2014- Present)
- H. San Diego Association of Government – Bayshore Bikeway Working Group Meeting  
Position: Member, Councilmember, City of National City

**SCHEDULE D**  
**Income – Gifts**

Name  
**Ramona Marie Rios**

▶ NAME OF SOURCE (Not an Acronym)  
**National City Lion's Club**

ADDRESS (Business Address Acceptable)  
**P.O. Box 986 National City, Ca 91951-0986**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Non-Profit Organization**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 15 / 13	\$ 25.00	Installation of Officers
12 / 13 / 13	\$ 50.00	Holiday Party
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**National City Mile of Cars**

ADDRESS (Business Address Acceptable)  
**National City Blvd., National City, CA 91950**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Mile of Cars Dealership**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 13	\$ 50.00	Holiday Party
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**National City Chamber of Commerce**

ADDRESS (Business Address Acceptable)  
**901 National City Blvd., National City, CA 91950**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Chamber Annual Event**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 13	\$ 50.00	57th Naval Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Olivewood Gardens Seedling Soiree**

ADDRESS (Business Address Acceptable)  
**2525 N Avenue, National City, CA 91950**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Fundraiser**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 08 / 13	\$ 400.00	Dinner for two(\$200ea)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_