

STATEMENT OF ECONOMIC INTERESTS



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PRACTICES COMMISSION

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NAME OF FILER (LAST) Aguilera (FIRST) John 2015 APR -3 PM 2: 27 (MIDDLE) J

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: Vista City Council Position: Deputy Mayor

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, 2014, through December 31, 2014.
- or-
 The period covered is _____, through December 31, 2014.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left ____/____/____
(Check one)
 - The period covered is January 1, 2014, 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: 3
- 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

[Redacted Signature Area]

Date Signed 03/17/2015
(month, day, year)

SCHEDULE D
Income – Gifts

Name
 John J. Aguilera

▶ NAME OF SOURCE (Not an Acronym)
Vista Chamber of Commerce

ADDRESS (Business Address Acceptable)
125 Main Street, Vista, CA 92084

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Promote Economic Developmene/Business Activity

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 14	\$ 130.00	Annual Heroes Bene
___ / ___ / ___	\$ _____	Dinner & 1 guest
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Vista Firefighters Association

ADDRESS (Business Address Acceptable)
P.O.Box 1119, Vista, CA 92085

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Firefighter Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 11 / 14	\$ 54.95	Holiday Gift Basket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Solutions For Change

ADDRESS (Business Address Acceptable)
722 W. California Ave, Vista, CA 92083

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Forte for Children Charity Gala/ Fudraising

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 23 / 14	\$ 500.00	Cocktail & Dinner
___ / ___ / ___	\$ _____	& 1 guest
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Commanding General USMC

ADDRESS (Business Address Acceptable)
Camp Pendleton, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Golfing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 14	\$ 30.00	Round of Golf
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____