

Please type or print in ink.

NAME OF FILER (LAST) RIGBY (MIDDLE) YOUNG
2015 APR -FIRST PH 2: 27
AMANDA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF VISTA
Division, Board, Department, District, if applicable
CITY COUNCIL
Your Position
COUNCILWOMAN

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

Agency: SAN DIEGO ASSOCIATION OF GOVERNMENTS Position: BOARD MEMBER

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of SAN DIEGO
 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 _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 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.

4. Schedule Summary

Check applicable schedules or "None."
► Total number of pages including this cover page: 6
 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

Date Signed Feb. 11, 2015
(month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

RIGBY, Amanda Young

▶ NAME OF BUSINESS ENTITY
Motorola, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Communications & Electronics

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
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 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

Comments:

SCHEDULE D
Income – Gifts

Name

RIGBY, Amanda Young

▶ NAME OF SOURCE (Not an Acronym)
Vista Fire Fighters Association
ADDRESS (Business Address Acceptable)
Melrose Drive, Vista CA 92081
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fire Fighters Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 18 / 14</u>	<u>\$ 54.95</u>	<u>Christmas Fruit Basket</u>
<u>5 / 15 / 14</u>	<u>\$ 70.00</u>	<u>Two Tickets Burn Institut</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
City of Vista - Moonlight Stage Productions
ADDRESS (Business Address Acceptable)
200 Civic Center Drive, Vista CA 92084
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theater Production

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 11 / 14</u>	<u>\$ 98.00</u>	<u>two theater tickets</u>
<u>8 / 14 / 14</u>	<u>\$ 98.00</u>	<u>two theater tickets</u>
<u>7 / 17 / 14</u>	<u>\$ 98.00</u>	<u>two theater tickets</u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Regional Chamber of Commerce
ADDRESS (Business Address Acceptable)
San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Regional Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 18 / 14</u>	<u>\$ 130.00</u>	<u>2 tickets Sr. Officers Ball</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
HMLA 369 - U.S. Marine Corps Squadron
ADDRESS (Business Address Acceptable)
Camp Pendleton, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
U.S. Marines

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 09 / 14</u>	<u>\$ 70.00</u>	<u>Marine Corps Ball Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Scripps Health Care
ADDRESS (Business Address Acceptable)
San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 22 / 14</u>	<u>\$ 39.37</u>	<u>Carlsbad State of the Cit</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Vista Chamber of Commerce
ADDRESS (Business Address Acceptable)
Main Street, Vista CA 92084
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 12 / 14</u>	<u>\$ 65.00</u>	<u>Heroes Dinner</u>
<u>3 / 20 / 14</u>	<u>\$ 68.00</u>	<u>Leaders Dinner</u>
<u>1 / 27 / 14</u>	<u>\$ 30.00</u>	<u>State of the City</u>

Comments: _____

SCHEDULE D Income – Gifts

Name
RIGBY, Amanda Young

▶ NAME OF SOURCE (Not an Acronym)
New Pointe Communities

ADDRESS (Business Address Acceptable)
San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Building Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 24 / 14</u>	<u>\$ 133.00</u>	<u>Dinner Ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities

ADDRESS (Business Address Acceptable)
Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Firm for Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 24 / 14</u>	<u>\$ 29.81</u>	<u>Lunch Policy Cmte</u>
<u>4 / 4 / 14</u>	<u>\$ 29.81</u>	<u>Lunch Policy Cmte</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)

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>

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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>

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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 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name RIGBY, Amanda Young
--

- 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)
Top Ten Productions

ADDRESS (Business Address Acceptable)
El Cajon, CA

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Miss California USA Production

DATE(S): 01 / 07 / 14 - 01 / 10 / 14 AMT: \$ 1,000.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Volunteer Staff at Miss CA USA Pageant. They provided shared lodging, food, and gift bag.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

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

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____