

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) RIOS (FIRST) RAMONA (MIDDLE) 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 Board

Your Position

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, California

Other

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left (Check one)

-or-

The period covered is through December 31, 2014.

The period covered is January 1, 2014, 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: 5

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

Date Signed 03/19/14

(month, day, year)

**RAMONA (MONA) RIOS
FORM 700 2014/2015
MARCH 19, 2014**

List for multiple positions, (attachment)

1. **National City Council/Community Development Commission -
Housing Authority of the City of National City - Board
Position: CouncilMember, City of National City
Elected Nov 2010**
2. **Successor Agency to the Community Development Commission as the National City
Redevelopment Agency - Council
Position: CouncilMember, City of National City
Jan 2011**
3. **Metropolitan Transit System - Board
Position: Director, City of National City
Appointed Sept/2011**
4. **Metropolitan Transit System - Ad Hoc Public Security
Position: Member - CouncilMember, City of National City
Appointed Jan/2013**
5. **San Diego Association of Government - San Diego Regional Planning Committee
Position: Metropolitan Transit System (MTS) Advisory Member Primary
Appointed Jan/2013**
6. **LOSSAN Rail Corridor Agency
Position: Metropolitan Transit System, Board of Directors Alternate
Appointed Jan/2014**
7. **San Diego Association of Government - SANDAG Board of Directors
Position: Metropolitan Transit System (MTS) Alternate
Appointed Jan/2015**
8. **San Diego Association of Government - SANDAG Board of Directors
Position: City of National City Alternate
Appointed Jan/2015**

SCHEDULE D
Income – Gifts

Name
Ramona (Mona) Rios

▶ **NAME OF SOURCE (Not an Acronym)**
 San Diego County Water Authority

ADDRESS (Business Address Acceptable)
 4677 Overland Avenue, San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Colorado River Aqueduct & MWD Facilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 14	\$ 97.01	MWD Tour
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
 SheetMetal Workers Local 206

ADDRESS (Business Address Acceptable)
 4594 Mission Gorge Place, San Diego, CA 92120

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 28 / 14	\$ 25.00	Cesar Chavez Breakf.
05 / 10 / 14	\$ 75.00	Labor Award Dinner
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
 National City Police Reserve

ADDRESS (Business Address Acceptable)
 1200 National City Blvd, National City, CA 91950

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Police Reserve Awards Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 14	\$ 68.00	Cafe La Maze for (2)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
 UCSD Health Sciences

ADDRESS (Business Address Acceptable)
 200 West Arbor Drive A #8230 San Diego, Ca 92103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Chicano Federation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 09 / 14	\$ 75.00	Unity Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
 San Diego Leadership Fair

ADDRESS (Business Address Acceptable)
 2260 Jimmy Durante Blvd. Del Mar, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 14	\$ 200.00	Luncheon/Fair for (2)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
 Cox Communication

ADDRESS (Business Address Acceptable)
 5651 Copley Ave, San Diego, CA 92111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 14	\$ 125.00	Padres Game & Suite
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ **NAME OF SOURCE (Not an Acronym)**
 Building and Construction Trades Depart., AFL-CIO

ADDRESS (Business Address Acceptable)
 3737 Camino Del Rio S #202, San Diego, Ca 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 14	\$ 75.00	Johns Lyons Banquet
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
 South County Economic Development Council

ADDRESS (Business Address Acceptable)
 1111 Bay Blvd, Suite E, Chula Vista, CA 91911

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 18 / 14	\$ 50.00	Elected Officials Recep
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ **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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 14	\$ 50.00	Annual NAVY Luncheon
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
 1243 National City Blvd. National City, Ca 91950

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 14	\$ 75.00	Chamber Installation
10 / 10 / 14	\$ 99.00	SCEDC Annual Summi
___/___/___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
 Naval Base San Diego

ADDRESS (Business Address Acceptable)
 Pacific Beacon Towers

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 13 / 14	\$ 50.00	Fleet Sunset Viewing
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
 P. O. Box 986 National City, CA 91951

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 14	\$ 50.00	Holiday Dinner
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
RAMONA (MONA) RIOS

▶ NAME OF SOURCE *(Not an Acronym)*
 Circulate San Diego

ADDRESS *(Business Address Acceptable)*
 1111 6th Ave Suite 402, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 14	\$ 135.00	Award/Dinner Program
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____