

STATEMENT OF ECONOMIC INTERESTS

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Case Initial Filing
Received
MAR 30 2015
CITY CLERK
CITY OF VISTA, CA



COVER PAGED
FAIR POLITICAL
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) CAMPBELL (FIRST) CODY (MIDDLE) 2015 APR -3 PH 2: 27 WAYNE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY 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: BUENA SANITATION DISTRICT

Position: 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.

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: 6

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 03/30/2015
(month, day, year)

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DEC 24 2014

CITY CLERK
CITY OF VISTA, CA

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cody Campbell

▶ 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)

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)
___ / ___ / ___	\$ _____	_____
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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
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___ / ___ / ___	\$ _____	_____
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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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AUG 07 2014

CITY CLERK
CITY OF VISTA, CA

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Councilman Cody Campbell

▶ NAME OF SOURCE
San Diego Regional Chamber of Commerce

ADDRESS (Business Address Acceptable)
402 W. Broadway, Ste. 1000, San Diego, CA 9210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
business network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 18 / 14</u>	<u>\$ 190.00</u>	<u>2 Tickets Annual Flag,</u>
<u> / / </u>	<u>\$ </u>	<u>General & Seniors</u>
<u> / / </u>	<u>\$ </u>	<u>Officers Ball</u>

▶ NAME OF SOURCE

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>	

▶ NAME OF SOURCE

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>	

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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>	

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	
<u> / / </u>	<u>\$ </u>	
<u> / / </u>	<u>\$ </u>	

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	
<u> / / </u>	<u>\$ </u>	
<u> / / </u>	<u>\$ </u>	

Comments: _____

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APR 15 2014

CITY CLERK
CITY OF VISTA, CA

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Cody Campbell

▶ 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 Development/Business Activity

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

▶ 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)
Vista Chamber of Commerce

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

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 14	\$ 68.00	annual "Meet the
___ / ___ / ___	\$ _____	Leaders" Reception &
___ / ___ / ___	\$ _____	Dinner

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

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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JAN 27 2014

CITY CLERK
CITY OF VISTA, CA

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Cody Campbell

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Development/Advocate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 14	\$ 30.00	Vista's State of the
___ / ___ / ___	\$ _____	Community Luncheon
___ / ___ / ___	\$ _____	_____

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