

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Diaz, Michael			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Chula Vista

Division, Board, Department, District, if applicable

Your Position

City Council

Councilmember

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

Agency: _____

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 Chula Vista Other San Diego Metropolitan Transit System**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2018, through December 31, 2018 **Leaving Office:** Date Left ____/____/____
(Check one circle)

-or-

The period covered is ____/____/____, through December 31, 2018

 The period covered is January 1, 2018, through the date of leaving office. **Assuming Office:** Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office. **Candidate:** Date of Election 3/3/2020 and office sought, if different than Part 1: city council**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 3****Schedules attached** **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**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
		Chula Vista	CA	91910

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
()	

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 11/21/2019
(month, day, year)Signature Michael Diaz
(File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Port of san Diego
 ADDRESS (Business Address Acceptable)
San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gov Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 22 / 19</u>	<u>\$ 270.00</u>	<u>CV Chamber dinner tickets X2</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Hoss Said
 ADDRESS (Business Address Acceptable)
Chula Vista, CA 91911
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dental

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 13 / 19</u>	<u>\$ 57.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego County fair
 ADDRESS (Business Address Acceptable)
Del mar, CA 92014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 10 / 19</u>	<u>\$ 80.00</u>	<u>4-Fair Tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Republic Services
 ADDRESS (Business Address Acceptable)
Chula Vista, CA 91910
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 13 / 19</u>	<u>\$ 188.00</u>	<u>SCEDC - Annual Economic Summit tckt</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>

▶ 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>

Comments: _____