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NAME OF FILER (LAST) Graham (FIRST) Ed
OFFICE OF CITY CLERK
CHINO HILLS

1. Office, Agency, or Court

Agency Name
City of Chino Hills
Division, Board, Department, District, if applicable
City Council
Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: See Attached List Position: See Attached List

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

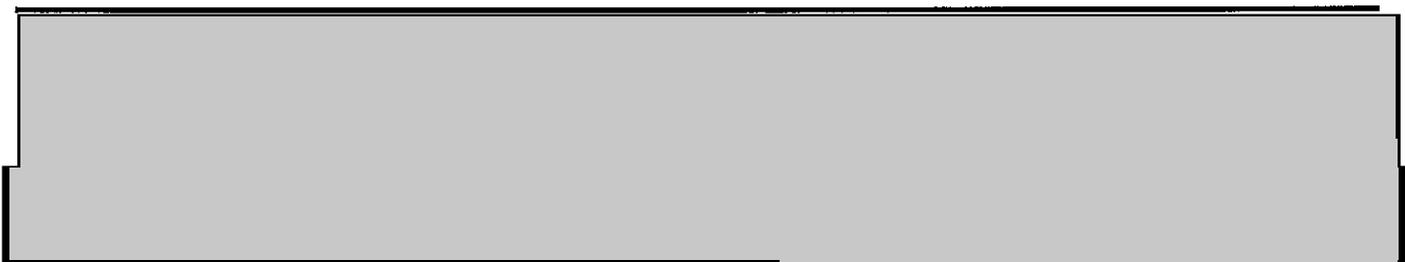
State Judge (Statewide Jurisdiction)
 Multi-County County of _____
 City of Chino Hills Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
 Assuming Office: Date ____/____/____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____
(Check one)
 The period covered is January 1, 2010, 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: 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



I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-15-11
(month, day, year)

Signature

FORM 700 – STATEMENT OF ECONOMIC INTERESTS

EXPANDED STATEMENT FOR

ED GRAHAM

2010 Annual Statements –

1. Water Facilities Authority, Alternate Director
Other – San Bernardino County
2. Omnitrans – Director
Other – San Bernardino County
3. Sanbag - Director
Other – San Bernardino County
4. Tres Hermanos Conservation Authority, Alternate Director
Multi-county – Los Angeles and San Bernardino

SCHEDULE D
Income – Gifts

Name _____

▶ NAME OF SOURCE
Planes of Fame
 ADDRESS (Business Address Acceptable)
7000 Merrill Ave Chino, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Museum

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 23 / 10</u>	<u>\$ 250</u>	<u>Tickets to Fund raiser</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Assemblyman Hagman
 ADDRESS (Business Address Acceptable)
13920 City Center Chino Hills, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA State Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 10 / 10</u>	<u>\$ 130</u>	<u>Disneyland Tics</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Boys Republic
 ADDRESS (Business Address Acceptable)
3439 Grand
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Group Home

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 10</u>	<u>\$ 70</u>	<u>Wreath</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Harkins Theater
 ADDRESS (Business Address Acceptable)
7511 MacDonald Scottsdale, AZ
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 06 / 10</u>	<u>\$ 100</u>	<u>Passes</u>
<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>
<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>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____