

Date Received 10/27/10
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RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

2010 NOV 22 AM 11:47
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BY: [Signature]

TP Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
<u>Reish</u>	<u>Adam</u>	<u>Benjamin</u>	(d)(5)
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
(d)(5)	(d)(5)	(d)(5)	(d)(5)
ZIP CODE			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Eastvale - Council member
Division, Board, District, if applicable:

Your Position:
Mayor
▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: Riverside County Transportation Commission
Position: Commissioner

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

- State
- County of _____
- City of Eastvale
- Multi-County _____
- Other Joint Powers Authority (JPA)

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

- Assuming Office/Initial Date: 10/1/10
- Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
 The period covered is ____/____/____, through December 31, 2009.
- Leaving Office Date Left: ____/____/____ (Check one)
 The period covered is January 1, 2009, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.
- Candidate Election Year: _____

4. Schedule Summary

- ▶ Total number of pages including this cover page: 6
- ▶ Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)
Schedule A-2 Yes - schedule attached
Investments (10% or Greater Ownership)
Schedule B Yes - schedule attached
Real Property
Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D Yes - schedule attached
Income - Gifts
Schedule E Yes - schedule attached
Income - Gifts - Travel Payments
-or-
 No reportable interests on any schedule

5. Verification

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

Date Signed 10-27-10
(d)(5)
Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST
AK Enterprises
 (d)(5)
 Address (Business Address Acceptable) (d)(5)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Internet Distribution

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 8/1/09 / / 09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION Owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
n-a

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 09 / / 09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

 Name

 Address (Business Address Acceptable)

 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 09 / / 09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 09 / / 09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

RECEIVED
 FAIR PRACTICES COMMISSION
SCHEDULE C
Income, Loans, & Business
Positions

(Other than Gifts and Travel Payments)
 2010 NOV 22 AM 11: 47

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Adam B. Rush

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
County of Riverside

ADDRESS (Business Address Acceptable)
4080 Leman Street 12th Floor Riverside CA 92504

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government Planning

YOUR BUSINESS POSITION
Principal Planner

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Mt. San Jacinto College

ADDRESS (Business Address Acceptable)
2837 La Piedra Road Menifee CA 92554

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community College Instruction

YOUR BUSINESS POSITION
Adjunct Faculty

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN</p> <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: _____

RECEIVED
SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)
 2010 NOV 22 AM 11:47

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
AK Enterprises (d)(5)
 (d)(5)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Internet Distribution

YOUR BUSINESS POSITION
Owner

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment
 Sale of Products & Services
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Riverside County Transportation Commission

ADDRESS (Business Address Acceptable)
4080 Lencu Street 3rd Floor, Riverside, CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation Commission

YOUR BUSINESS POSITION
Commissioner

GROSS INCOME RECEIVED \$100.00
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

Name
Adam Rush

▶ NAME OF SOURCE
City of San Diego
 ADDRESS (Business Address Acceptable)
702 C Street, 2nd Floor, San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/19/10</u>	<u>\$275</u>	<u>Tickets/Parking/merchandise</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
Supervisor Pauline for County Supervisor
2010, Riverside County CA
 ADDRESS (Business Address Acceptable)
County Supervisor
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
4000 Lomen Street Riverside CA 92504

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/15/10</u>	<u>\$300.00</u>	<u>Tickets to Fundraise</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
Granite Construction/Liberty Quarry
 ADDRESS (Business Address Acceptable)
Watsonville, CA
585 W. Beach St. 95076
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/20/10</u>	<u>\$300.00</u>	<u>Tickets to Sup. Fundraise</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

RECEIVED
 FAIR POLITICAL PRACTICES COMMISSION
SCHEDULE E
Income - Gifts
 2010 NOV Travel Payments, Advances,
 and Reimbursements

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE
City of Eastvale

ADDRESS (Business Address Acceptable) ste 103
6080 Hammer Ave Eastvale CA 92880

CITY AND STATE
Eastvale CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE(S): 10/31/10 - ____/____/____ AMT: \$ \$354
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Reimbursement for travel
to the League of CA Cities

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____