

**STATEMENT OF ECONOMIC INTERESTS**

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FRANCISCO COUNTY SUPERVISORS  
COVER PAGE  
2011 MAR 24 AM 10:10

LA VERNE CITY HALL  
ADMINISTRATION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
CARDER ROBIN

**1. Office, Agency, or Court**

Agency Name  
CITY OF LA VERNE  
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 Position: MEMBER/ALTERNATE

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

State  Judge (Statewide Jurisdiction)  
 Multi-County  County of \_\_\_\_\_  
 City of LA VERNE  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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 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.  
 Candidate: Election Year \_\_\_\_\_ 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 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 t

Date Signed 2/10/2011  
(month, day, year)

Signature

*Robin Carder*

Form 700/Statement of Economic Interests for Calendar year 2010

FILING FOR MULTIPLE POSITIONS – ROBIN CARDER

1. La Verne Redevelopment Agency – Member
2. Southern California Association of Governments – Alternate
3. San Gabriel Valley Council of Governments – Alternate
4. Metro Gold Line Committee JPA, Phase II - Member
5. Tri-City - Member

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Carder, Robin</u>
---

▶ NAME OF BUSINESS ENTITY  
Verizon

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Communications

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 10             /        / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 Stock       Other \_\_\_\_\_  
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 Partnership     Income Received of \$0 - \$499  
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       /        / 10             /        / 10  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_





**SCHEDULE D**  
**Income – Gifts**

Name  
 Carder, Robin

▶ NAME OF SOURCE  
**Chang Industries**

ADDRESS (Business Address Acceptable)  
**968 Palomares Avenue, La Verne, CA 91750**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Congressman Drier Breakfast**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 10	\$ 100.00	Breakfast/speaker
	\$	
	\$	

▶ 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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ 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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: \_\_\_\_\_