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JAN 07 2011

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Please type or print in ink.

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City Clerk
City of Laguna Woods
B.

NAME OF FILER (LAST) (FIRST)
RING ROBERT

1. Office, Agency, or Court

Agency Name
CITY COUNCIL OF LAGUNA WOODS
Division, Board, Department, District, if applicable
Your Position
COUNCIL MEMBER

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

Agency: _____ Position: _____

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

State Judge (Statewide Jurisdiction)
 Multi-County _____ County of ORANGE
 City of LAGUNA WOODS 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 12 / 15 / 10
 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: 5
 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

5. Verification



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

Date Signed 01/07/2011 Signature
(month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
ROBERT B. RING	

<BLUE> is a required field

NAME OF BUSINESS ENTITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	FAIR MARKET VALUE (Select from drop down list)	NATURE OF INVESTMENT (Select from drop down list. If other, describe)	IF APPLICABLE, LIST DATE (mm/dd/yyyy)	
				ACQUIRED	DISPOSED
AMERPRISE FINANCIAL 5.35% 11/15/10	Financial Company	\$2,000 - \$10,000	Bond	12/24/2008	11/15/2010
AOL TIME-WARNER NOTE 6.750% 4/5/2011	Telecommunications	\$2,000 - \$10,000	Bond	12/9/2008	4/22/2010
ATT WIRELESS NOTE 7.8758% 3/1/2011	Telecommunications	\$2,000 - \$10,000	Bond	12/9/2008	12/31/2010
COMCAST NOTE 5.5% 3/15/2011	Telecommunications	\$2,000 - \$10,000	Stock	12/9/2008	
COX COMM. NOTE 4.625% 1/15/2010	Telecommunications	\$2,000 - \$10,000	Bond	12/4/2008	1/15/2010
FEDERATED DEPT 6.625% 4/1/2011	Department Store	\$2,000 - \$10,000	Bond	12/24/2008	
HOME DEPOT 5.2% 3/1/2011	Hardware Supply Store	\$2,000 - \$10,000	Bond	12/9/2008	
METLIFE 6.125% 12/1/2011	Life Insurance Company	\$2,000 - \$10,000	Bond	12/9/2008	
MOTOROLA 7.625% 11/15/2010	Electronic Components Manufacturer	\$2,000 - \$10,000	Bond	12/24/2008	11/15/2010
NATIONWIDE HEALTH 6.5% 7/15/2010	Insurance Company	\$2,000 - \$10,000	Bond	12/31/2008	
TRANSAMERICA 0% 3/1/2010	Real Estate Investment Trust	\$2,000 - \$10,000	Bond	12/9/2008	3/1/2010
UNION BANK CAN 11/26/2013	Bank	\$10,001 - \$100,000	Bond	5/5/2010	
UTD HEALTHCARE	Health Care Insurer	\$10,001 - \$100,000	Note	12/9/2008	
WHIRLPOOL 6.125% 6/15/2011	Appliance Manufacturer	\$2,000 - \$10,000	Bond	1/24/2008	
XEROX 7.1258% 6/15/2010	Information Systems Manufacturer	\$2,000 - \$10,000	Bond	1/24/2008	6/15/2010
BANK OF AMERICA 7.8% Due 2/15/10	Bank	\$2,000 - \$10,000	Note	10/19/2008	2/15/2010
CITIGROUP 4.125% Due 2/22/10	Bank	\$2,000 - \$10,000	Note	10/19/2008	2/16/2010
FIFTH THIRD BANK 4.2% Due 2/23/10	Bank	\$2,000 - \$10,000	Note	10/19/2010	2/23/2010
AT&T INC COM	Telecommunications	\$2,000 - \$10,000	Stock	7/8/2010	
AT&T PFD 6.375 SR NOTES	Telecommunications	\$2,000 - \$10,000	Preferred Stock	7/8/2010	
BANK OF AMERICA CORP PFD	Bank	\$2,000 - \$10,000	Note	7/8/2010	
BANK OF AMERICA CORP PFD	Bank	\$2,000 - \$10,000	Note	8/3/2010	
METLIFE INC PFD B	Insurance Company	\$2,000 - \$10,000	Preferred Stock	7/8/2010	
GT. ATLANTIC & PACIFIC TEA CO.	Super Market Chain	\$2,000 - \$10,000	Preferred Stock	9/9/2010	12/10/2010
HARTFORD FINANCIAL GROUP	Insurance Company	\$2,000 - \$10,000	Preferred Stock	9/10/2010	
J.P. MORGAN	Bank	\$10,001 - \$100,000	Note	8/3/2010	
PACIFIC GAS & ELECTRIC	Public Utility	\$10,001 - \$100,000	Preferred Stock	8/3/2010	
PRUDENTIAL SUBORDINATED SECURITIES	Insurance Company	\$2,000 - \$10,000	Subordinated Notes	9/10/2010	
SO. CA. EDISON	Public Utility	\$2,000 - \$10,000	Preferred Stock	9/9/2010	
SO. CA. GAS	Public Utility	\$2,000 - \$10,000	Preferred Stock	8/3/2010	

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <p style="text-align: center;">Robert B. Ring</p>

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

▶ NAME OF SOURCE
Southern California Association of Governments

ADDRESS (Business Address Acceptable)
818 West 7th Street, 12th Floor

CITY AND STATE
Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association of Government Officials

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 1,200.00
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel reimbursement for Policy Committee Meetings (9)

▶ 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: _____