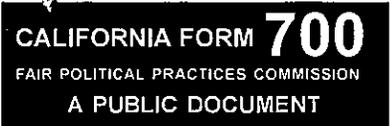


Date Received 3/31/2011  
Time Only



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date (d)(5) [Redacted]

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Rodriguez Ralph D

1. Office, Agency, or Court

Agency Name  
City of La Palma  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Councilmember  
If filing for multiple positions, list below or on an attachment.  
Agency: \_\_\_\_\_ Position: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
11 APR - 7 PM 2:43

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

- State  Judge (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of La Palma  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."  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



herein and in any attached schedules is true and complete. I acknowledge this is a true and correct copy of the information reported. I certify under penalty of perjury under the laws of the State of California that

Date Signed 03, 31/2011 (month, day, year)

Signature



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Ralph D. Rodriguez

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Accenture</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>El Segundo, CA</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Consulting practice</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>Data manager</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <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
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ <small>(Describe)</small>

**▶ 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable) _____		
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small>	
HIGHEST BALANCE DURING REPORTING PERIOD <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	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ <small>(Describe)</small>	

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

**SCHEDULE D**  
**Income – Gifts**

Name  
Ralph D. Rodriguez

▶ NAME OF SOURCE  
SCG&E  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Utility Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 02 / 10</u>	\$ <u>30</u>	<u>Meal</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>	\$ _____	_____

▶ NAME OF SOURCE  
SCE  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Utility Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 22 / 10</u>	\$ <u>40</u>	<u>Meal</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>	\$ _____	_____

▶ 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>	\$ _____	_____

▶ 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>	\$ _____	_____

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Ralph D. Rodriguez</u>
--

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE  
League of Cities  
 ADDRESS (Business Address Acceptable)  
1400 K St.  
 CITY AND STATE  
Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Lobby on behalf of CA associated cities  
 DATE(S): 01 / 21 / 10 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 35  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Meal - Sacramento

▶ NAME OF SOURCE  
League of Cities  
 ADDRESS (Business Address Acceptable)  
1400 K St.  
 CITY AND STATE  
Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Lobby on behalf of CA associated cities  
 DATE(S): 04 / 08 / 10 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 34.21  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Meal - Ontario

▶ NAME OF SOURCE  
Rattan & Tucker  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
Costa Mesa, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Legal Services  
 DATE(S): 10 / 16 / 10 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 118  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Meal - San Diego

▶ NAME OF SOURCE  
League of Cities  
 ADDRESS (Business Address Acceptable)  
1400 K St.  
 CITY AND STATE  
Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Lobby on behalf of CA associated cities  
 DATE(S): 06 / 17 / 10 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 35  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Meal - Sacramento

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