

(DB)

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**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**

COVER PAGE  
2011 MAR 24 Art 10: 11

LA VERNE CITY HALL  
ADMINISTRATION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
RODRIGUEZ ROBERT

**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

**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 \_\_\_\_\_  
 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: 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. [Redacted area]

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

Date Signed 2-9-11  
(month, day, year)

Signature [Redacted]

Form 700/Statement of Economic Interests for Calendar year 2010

FILING FOR MULTIPLE POSITIONS – ROBERT RODRIGUEZ

1. La Verne Redevelopment Agency – Member
2. California JPIA - Member
3. Foothill Transit - Member





**SCHEDULE D**  
**Income – Gifts**

Name

Rodriguez, Robert

▶ NAME OF SOURCE  
Ron Kranzer & Associates  
 ADDRESS (Business Address Acceptable)  
Walnut, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Engineer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 21 / 10</u>	<u>\$ 120.00</u>	
<u> / / </u>	<u>\$ </u>	
<u> / / </u>	<u>\$ </u>	

▶ NAME OF SOURCE  
Waste Management  
 ADDRESS (Business Address Acceptable)  
1211 W.Gladstone, Azusa, CA 91702  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Waste Hauler

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 24 / 10</u>	<u>\$ 100.00</u>	<u>Golf Tournament</u>
<u>04 / 22 / 10</u>	<u>\$ 100.00</u>	<u>Golf Tournament</u>
<u>09 / 27 / 10</u>	<u>\$ 100.00</u>	<u>Golf Tournament</u>

▶ NAME OF SOURCE  
La Verne Firefighter Association  
 ADDRESS (Business Address Acceptable)  
La Verne, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Firefighters

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 14 / 10</u>	<u>\$ 100.00</u>	<u>Golf</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>	

▶ 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>	

▶ 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>	

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

FAIR POLITICAL PRACTICES COMMISSION

11 OCT 20 11 09 AM

Do not attach brokerage or financial statements.

AMENDMENT

NAME OF BUSINESS ENTITY  
Teachers Insurance Association

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
IRA

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 IRA (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  
Legend Equities

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
IRA

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

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

FAIR MARKET VALUE  
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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

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

**Verification**

Print Name Robert Rodriguez

Office, Agency or Court City of La Verne

Statement Type  
 2010/2011 Annual     Assuming     Leaving  
 Annual     Candidate

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 Oct 17, 11  
 (d)(5)

Signature

Comments:

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 FAIR POLITICAL PRACTICES COMMISSION

**SCHEDULE D**  
**Income – Gifts**

11 OCT 20 PM 1:30

▶ NAME OF SOURCE  
Ron Kranzer + Associates

ADDRESS (Business Address Acceptable)  
walnut, ca

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
city engineer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05, 21, 11</u>	<u>\$ 120<sup>00</sup></u>	<u>GOLF</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  
 \_\_\_\_\_

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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

**Verification**

Print Name Robert Rodriguez

Office, Agency or Court City of La Brea

Statement Type  2010/2011 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

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 Oct 17, 11

(d)(5)

Signature \_\_\_\_\_

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