

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Date Received
APR 1 2011

APR 1 2011

Please type or print in ink.

11 APR 13 PM 2:44

REDLANDS CITY CLERK

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Aguilar Peter R

1. Office, Agency, or Court

Agency Name
City of Redlands
Division, Board, Department, District, if applicable
Your Position
Member of the City Council

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

Agency: Redevelopment Position: Boardmember

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

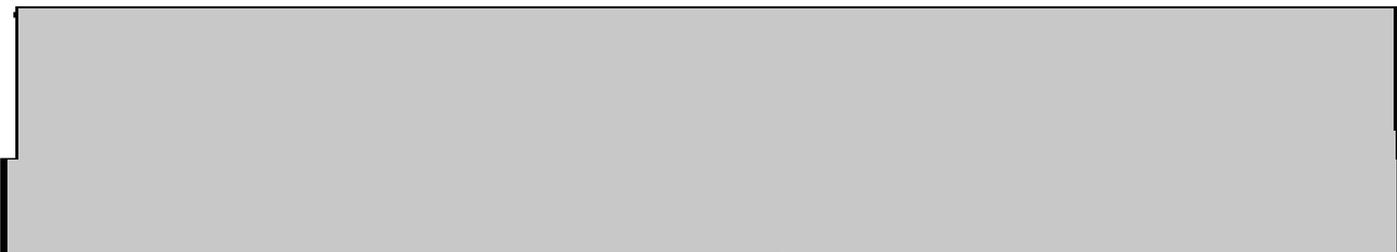
State Judge (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Redlands Other _____

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: 8
 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



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

Date Signed March 31, 2011 Signature
(month, day, year)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Aguilar Peter R

1. Office, Agency, or Court

Agency Name
San Bernardino Associated Governments (SANBAG)
Division, Board, Department, District, if applicable Your Position
Alternate Board Member

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

Agency: Omnitrans Position: Alternate Boardmember

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

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Redlands 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: _____
- 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

(d)(5)

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

Date Signed March 31, 2011 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Aguilar Peter R

1. Office, Agency, or Court

Agency Name
San Bernardino Valley Municipal Water - Advisory Committee
Division, Board, Department, District, if applicable Your Position
Alternate Board 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 _____
- City of Redlands Other _____

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

- Annual:** The period covered is January 1, 2010, through December 31, 2010. **Leaving Office:** Date Left ____/____/____
-or- (Check one)
The period covered is ____/____/____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
- Assuming Office:** Date ____/____/____ 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: _____
- 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

5. Verification

(d)(5)

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 acknowledge this is a public document.

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

Date Signed March 31, 2011
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
 Peter Aguilar

▶ NAME OF SOURCE
 Million Air
 ADDRESS (Business Address Acceptable)
 295 North Leland Norton Way , San Bdn, CA 92408
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Fixed based aviation operator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 6 / 10	\$ 150	Receipt. for grand open
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 Southern California Gas Co
 ADDRESS (Business Address Acceptable)
 555 W. 5th Street Street, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 5 / 10	\$ 100	LA Clippers game tickt
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Peter Aguilar
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- **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 California Cities

ADDRESS (Business Address Acceptable)
 1400 K Street

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Advocacy for cities and their residents

DATE(S): 1 / 1 / 10 - 12 / 31 / 10 AMT: \$ 1,030.96
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel, meals and lodging for volunteer services as a member of the League board of directors.

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

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 501 (c)(3)

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 501 (c)(3)

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

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____