

Please type or print in ink.

NAME OF FILER (LAST) Rothman (FIRST) Elliott (MIDDLE)

1. Office, Agency, or Court

Agency Name
City of Pomona
 Division, Board, Department, District, if applicable
City Council
 Your Position
Mayor

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

Agency: Redevelopment Agency/Housing Authority Position: Chair

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

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



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 3/29/11
 (month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name Rothman

1. BUSINESS ENTITY OR TRUST

Name HEACIA CONSULTING
190 Sequoia Blvd
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / /10 / /10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION PARTNER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / /10 / /10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / /10 / /10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
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 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

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NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Rothman

▶ NAME OF SOURCE
NHRA National Hot Rod Association

ADDRESS (Business Address Acceptable)
2035 FINACIAL WAY

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Glendora Drag Racing

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------|------------------------|
| <u>2-2010</u> | <u>160</u> | <u>DRAG RACE</u> |
| <u>11-2010</u> | <u>160</u> | <u>DRAG RACE</u> |
| ___/___/___ | \$ ___ | ___ |

▶ NAME OF SOURCE
Fairplex 110 West McKintee

ADDRESS (Business Address Acceptable)
POMONA LA. County FAIR

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fairplex Foundation

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------|------------------------|
| <u>9-2010</u> | <u>120</u> | <u>FAIR PASS</u> |
| <u>12-2010</u> | <u>30</u> | <u>WINE BOX</u> |
| <u>6-2010</u> | <u>100</u> | <u>EVENT PASS</u> |

▶ NAME OF SOURCE
AAA Automobile Club of So. Cal

ADDRESS (Business Address Acceptable)
3333 FAIRVIEW

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Costa Mesa INSURANCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------|------------------------|
| <u>11-2010</u> | <u>100</u> | <u>DRAG RACE</u> |
| ___/___/___ | \$ ___ | ___ |

▶ NAME OF SOURCE
Jim Henwood 215 Morning

ADDRESS (Business Address Acceptable)
CYN Rd. CORONA Delmar

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CEO FAIR PLEX

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------|------------------------|
| <u>12-2010</u> | <u>100</u> | <u>WINE BOX</u> |
| ___/___/___ | \$ ___ | ___ |

▶ NAME OF SOURCE
CHIVAS USA 18400

ADDRESS (Business Address Acceptable)
Avalon Blvd CARSON LA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SOCCER

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------|------------------------------|
| <u>8-2010</u> | <u>200</u> | <u>EVENT PASS</u> |
| ___/___/___ | \$ ___ | <u>SOCCER Sporting Event</u> |

▶ NAME OF SOURCE
CABA Colima ReHAB Center

ADDRESS (Business Address Acceptable)
255 EAST Bonita

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pomona Hospital

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>2-2010</u> | <u>50</u> | <u>EVENT PASS</u> |
| ___/___/___ | \$ ___ | <u>Per Foundation</u> |

Comments: _____