

12 APR -6 PM 12:30

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MAR 07 2012

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) REDLANDS CITY CLERK
Aguilar Pete 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/Successor Agency/ SCAG
Position: Board Member/Delegate

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

- State
Multi-County
City of Redlands
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.
Leaving Office: Date Left
The period covered is January 1, 2011, through the date of leaving office.
The period covered is through the date of leaving office.
Assuming Office: Date assumed
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: 6

- 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

None - No reportable interests on any schedule



I have used all reasonable diligence in preparing this statement. I have reviewed 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 3/7/12 Signature

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Pete Aguilar

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Marwood Group Advisory LLC</u>	NAME OF SOURCE OF INCOME <u>La Jolla Institute</u>
ADDRESS (Business Address Acceptable) <u>733 Third Ave., New York, NY 10017</u>	ADDRESS (Business Address Acceptable) <u>10373 Trademark St, Ste C, Rancho Cucamonga,</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Financial Services</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Non-Profit</u>
YOUR BUSINESS POSITION <u>Consultant</u>	YOUR BUSINESS POSITION <u>Consultant</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" 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 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>(Real 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>(Real 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 _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> Guarantor _____	
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"/> Other _____ <small>(Describe)</small>	

Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
 Pete Aguilar

▶ NAME OF SOURCE
Sempra Energy
 ADDRESS (Business Address Acceptable)
101 Ash Street, San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA League of Cities Dinner Sponsor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 21 / 11</u>	<u>\$ 97.81</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
James Ramos
 ADDRESS (Business Address Acceptable)
26569 Community Center Drive
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 18 / 11</u>	<u>\$ 90</u>	<u>SEBA golf event</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Inland Action Inc
 ADDRESS (Business Address Acceptable)
115 S Del Rosa Dr., San Bernardino CA 92408
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 21 / 11</u>	<u>\$ 100</u>	<u>Gift certificate</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Mike Ramos
 ADDRESS (Business Address Acceptable)
303 W Third Street, San Bernardino, CA 92402
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 27 / 11</u>	<u>\$ 175</u>	<u>golf tournament</u>
<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>
<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>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

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

Name
 Pete Aguilar

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ 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 / 11 - 12 / 31 / 11 AMT: \$ 2,927.11
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Travel, meals, and lodging for volunteer services as a member of the League of Cities 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 gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____