

Date Received
Official Use Only

2013 FEB 22 PM 1:15 2013 FEB 19 PM 12:55

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rogers Peter OFFICE OF CITY CLERK
CHINO HILLS

1. Office, Agency, or Court

Agency Name
City Council
Division, Board, Department, District, if applicable
Your Position
See Expanded

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

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Chino Hills Other _____

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

- Annual: The period covered is January 1, 2012, through December 31, 2012. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2012. The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ and 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 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



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

Date Signed 02/17/2013
(month, day, year)

FORM 700 – STATEMENT OF ECONOMIC INTERESTS
EXPANDED STATEMENT FOR

PETER ROGERS

2012 Annual Statements –

1. Chino Basin Desalter Authority, Board Member
Multi-County – San Bernardino and Riverside
2. Omnitrans – Alternate Director
Other – San Bernardino County
3. San Bernardino Associated Governments – Alternate Director
Other – San Bernardino County
4. Tres Hermanos Conservation Authority, Director
Multi-County - Los Angeles and San Bernardino
5. Water Facilities Authority, Director
Other – San Bernardino County

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name Peter J Rogers</p>

▶ NAME OF BUSINESS ENTITY
Apple Computers

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:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco Systems

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:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
IBM

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:
 _____ / _____ / **12** _____ / _____ / **12**
 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:
 _____ / _____ / **12** _____ / _____ / **12**
 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:
 _____ / _____ / **12** _____ / _____ / **12**
 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:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Peter J Rogers

▶ 1. BUSINESS ENTITY OR TRUST

Peter Rogers Photography
 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:

<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / <u>12</u>	_____ / _____ / <u>12</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner

▶ 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:

<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / <u>12</u>	_____ / _____ / <u>12</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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)

None

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

None

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>12</u>	_____ / _____ / <u>12</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>12</u>	_____ / _____ / <u>12</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Peter J Rogers

▶ NAME OF SOURCE *(Not an Acronym)*
 Manufactured Housing Education Trust

ADDRESS *(Business Address Acceptable)*
 25241 Paseo del Alicia #120, Laguna Hills, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Manufactured Housing Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 12	\$ 50	Holiday Lunch
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Supervisor Gary Ovitt

ADDRESS *(Business Address Acceptable)*
 14010 City Center Drive, Chino Hills, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 12	\$ 50	Airshow Reception
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Boys Republic

ADDRESS *(Business Address Acceptable)*
 1907 Boys Republic Drive, Chino Hills, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 School

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 04 / 12	\$ 47	Della Robbia Wreath
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Planes of Fame Museum

ADDRESS *(Business Address Acceptable)*
 7000 Merrill #17, Chino, CA 91710

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Airport museum

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 05 / 12	\$ 80	Chino Airshow
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

Comments: _____