

RECEIVED COVER PAGE CLERK PRACTICES COMMISSION



Please type or print in ink.

NAME OF FILER (LAST) Ming (FIRST) Robert (MIDDLE) D 2013 APR 22 PM 4:07

1. Office, Agency, or Court

Agency Name City of Laguna Niguel CITY OF LAGUNA NIGUEL
Division, Board, Department, District, if applicable
Your Position Mayor

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

Agency: Position:

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

- State, Multi-County, City of Laguna Niguel, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. [Redacted]

I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State

Date Signed April 1, 2013 (month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Robert Ming

NAME OF BUSINESS ENTITY
Jefferies Group, Inc.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Brokerage & Investment Banking
FAIR MARKET VALUE
\$10,001 - \$100,000
NATURE OF INVESTMENT
Stock

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE
NATURE OF INVESTMENT

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE
NATURE OF INVESTMENT

Comments:

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
The Disneyland Resort

ADDRESS *(Business Address Acceptable)*
PO Box 3232, Anaheim, CA 92803

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 12	\$ 230.00	Candelight Ceremony
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
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Comments: _____