

STATEMENT OF ECONOMIC INTERESTS

Date Received  
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FAIR POLITICAL  
PRACTICES COMMISSION  
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) RODRIGUEZ (FIRST) ROBERT (MIDDLE)

1. Office, Agency, or Court

Agency Name  
City of La Verne  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Council Member

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

Agency: Foothill Transit, La Verne Successor Agency  
Position: City Representative, board member

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

- State
- Multi-County
- City of La Verne
- 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, 2012, through December 31, 2012.
- Leaving Office: Date Left (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is through the date of leaving office.
- Assuming Office: Date assumed
- 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: 3
- 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
- None - No reportable interests on any schedule

I have used all reasonable diligence in preparing the statement herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 9-14-13 (month, day, year)



# SCHEDULE D Income - Gifts

Name  
**Robert Rodriguez**

▶ NAME OF SOURCE (Not an Acronym)  
**Waste Management**

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ADDRESS (Business Address Acceptable)  
**1211 W, Gladstone Azusa CA 91702**

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste Hauler**

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 12	\$ 190	Golf CCCA
05 / 12 / 12	\$ 108	Dinner CCCA
	\$	

▶ NAME OF SOURCE (Not an Acronym)

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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)
	\$	
	\$	
	\$	

▶ 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)

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

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ADDRESS (Business Address Acceptable)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

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

Comments: \_\_\_\_\_