



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) 2013 APR 2 PM 6:55 (FIRST) CS (MIDDLE)
Rosales Charles

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: SCAG, SCVog, TRI-CITY, GOLD LINE Position: Representative and Board Member
FOOTHILL TRANSIT LA VERNE SUCCESSOR AGENCY

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

- State
- Multi-County _____
- City of Laverne
- 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.
- or-
- The period covered is _____, through December 31, 2012.
- Assuming Office: Date assumed _____
- 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.
- 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 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

5. Verification



I certify under penalty of perjury under the laws of the State of

Date Signed 3-27-2013
(month, day, year)

SCHEDULE D
Income – Gifts

Name
 Charles Rosales

▶ NAME OF SOURCE
Soroptomist
 ADDRESS (Business Address Acceptable)
Glendora Ca.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 10 / 12</u>	\$ <u>70</u>	<u>dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Southern California Edison
 ADDRESS (Business Address Acceptable)
Rosemead Ca.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 12 / 12</u>	\$ <u>275.00</u>	<u>Lakers admittance</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Fairplex
 ADDRESS (Business Address Acceptable)
Pomona Ca.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 14 / 12</u>	\$ <u>50</u>	<u>dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
RKA Consulting
 ADDRESS (Business Address Acceptable)
Walnut Ca
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 24 / 12</u>	\$ <u>175</u>	<u>golf, dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Southern California Edison
 ADDRESS (Business Address Acceptable)
Rosemead, Ca.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 13 / 12</u>	\$ <u>131</u>	<u>Colorado River Trip</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: _____