

STATEMENT OF ECONOMIC INTERESTS

MAR 20 2013

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COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

REDLANDS CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) Aguilar (FIRST) Pete (MIDDLE) R
2013 APR 15 PM 4:19

1. Office, Agency, or Court

Agency Name
City of Redlands
Division, Board, Department, District, if applicable
Your Position
Councilmember

TP

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

Agency: Redlands Successor Agency Position: Boardmember

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of
- City of Redlands 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: 5

- 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

5. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge and understand the consequences of this statement.

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

Date Signed 03/20/2013 (month, day, year)

(File the originally signed statement with your filing official.)

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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE *(Not an Acronym)*
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): 01/01/12 - 12/31/12 AMT: \$ 320.34
(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 *(Not an Acronym)*

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 *(Not an Acronym)*

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 *(Not an Acronym)*

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: _____