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PRACTICES COMMISSION

SP

Please type or print in ink.

TIME: _____
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NAME OF FILER (LAST) HIGGINS (MIDDLE) I.
2013 APR -2 PRST: 21
Herbert

1. Office, Agency, or Court

Agency Name City of Norco
Division, Board, Department, District, if applicable Council Your Position Elected City Council Member

► 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 Norco
- 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.
- 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: 1

- 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. [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 certify that I have not received any prohibited gifts or favors from any person or entity during the period covered by 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 3-27-13
(month, day, year)