

Please type or print in ink.

2013 APR -1 PM 4:29

NAME OF FILER: Rothman (LAST) 2013 APR 11 (FIRST) 10:51 (MIDDLE) NME

1. Office, Agency, or Court

Agency Name: City of Pomona Mayor
Division, Board, Department, District, if applicable: Pomona City Council
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 Pomona
- 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)
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- The period covered is _____, through December 31, 2012.
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- 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



Date Signed: 3/30/2012
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Name HICACIA CONSULTING
1190 Sequoia Glen Toronto
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000 / /12 / /12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION PARTNER

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /12 / /12
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000 / /12 / /12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /12 / /12
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>ACALSA CONSULTING</u> ADDRESS (Business Address Acceptable) <u>1190 Sequoia Glen</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Comora Consulting</u> YOUR BUSINESS POSITION <u>PARTNER</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME <u>CALTECH</u> ADDRESS (Business Address Acceptable) <u>1200 EAST CALIFORNIA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>PASADENA</u> YOUR BUSINESS POSITION <u>SR PROJECT ANALYST</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: _____

SCHEDULE D
Income - Gifts

Name Rothman

▶ NAME OF SOURCE (Not an Acronym) NATIONAL HOT ROD ASSOC
 ADDRESS (Business Address Acceptable) 2035 FINACIAL WAY
 BUSINESS ACTIVITY, IF ANY, OF SOURCE Glendora, NHRA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 2012</u>	<u>\$ 100</u>	<u>DRAG RACE</u>
<u>11, 2012</u>	<u>\$ 100</u>	<u>DRAG RACE</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) POMONA VALLEY HOSPITAL
 ADDRESS (Business Address Acceptable) 1798 N. GARREY, POMONA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE PVH Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 2012</u>	<u>\$ 50</u>	<u>Fundraiser</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) AAA Automobile Club So. Cal.
 ADDRESS (Business Address Acceptable) 3333 FAIRVIEW
 BUSINESS ACTIVITY, IF ANY, OF SOURCE COSTA MESA, INSURANCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 2012</u>	<u>\$ 100</u>	<u>DRAG RACE</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) CASA COLINA HOSPITAL
 ADDRESS (Business Address Acceptable) 255 E. BONITA POMONA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE HOSPITAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 2012</u>	<u>\$ 160</u>	<u>Fundraiser</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) So. Cal GAS COMPANY
 ADDRESS (Business Address Acceptable) PO BOX 3150
 BUSINESS ACTIVITY, IF ANY, OF SOURCE SAN DIMAS GAS CO.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 2012</u>	<u>\$ 100</u>	<u>FUNDRAISER</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) FAIRPLEX
 ADDRESS (Business Address Acceptable) 110 WEST MCKINLEY POMONA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE L.A. COUNTY FAIR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 2012</u>	<u>\$ 100</u>	<u>DRAG RACES</u>
<u>11, 2012</u>	<u>\$ 100</u>	<u>DRAG RACES</u>
<u>9, 2012</u>	<u>\$ 120</u>	<u>FAIR PASS</u>
<u>12, 2012</u>	<u>\$ 60</u>	<u>GIFT BOX</u>

Comments: _____