CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

A Public Document

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2010 NOV 22 AM 11:47

Date Received (Official Use Only)
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BY: ....

TP *Please type or print in ink.*

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Rush	Adam	Benjamen	(d)(5)

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
(d)(5)		(d)(5)		

1. Office, Agency, or Court

Name of Office, Agency, or Court: City of Eastvale - Council Member

Division, Board, District, if applicable:

Your Position: Mayor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Riverside County Transportation Commission

Position: Comissioner

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

- ☐ State
- ☐ County of
- ☑ City of Eastvale
- ☐ Multi-County
- ☑ Other Joint Powers Authority (JPA)

3. Type of Statement *(Check at least one box)*

☑ Assuming Office/Initial Date: 10 / 1 / 10

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ___/___/___, through December 31, 2009.

☐ Leaving Office Date Left: ___/___/___ (Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year:

4. Schedule Summary

► **Total number of pages including this cover page:** 6

► **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☑ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☑ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☑ Yes – schedule attached
Income – Gifts

Schedule E ☑ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained 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 10-27-10

Signature (d)(5)

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

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

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Adam Rush

▶ 1. BUSINESS ENTITY OR TRUST

AK Enterprises

(d)(5)

Address *(Business Address Acceptable)* (d)(5)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Internet Distribution

FAIR MARKET VALUE
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
8 / 1 / 09 ACQUIRED
/ / 09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☑ Partnership ☐ _____ Other

YOUR BUSINESS POSITION Owner

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

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

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

N-A

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / 09 ACQUIRED
/ / 09 DISPOSED

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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / 09 ACQUIRED
/ / 09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ 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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

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

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / 09 ACQUIRED
/ / 09 DISPOSED

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)

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FAIR POLITICAL PRACTICES COMMISSION

Name: Adam B. Rush

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: County of Riverside

ADDRESS (Business Address Acceptable): 4080 Lemon Street 12th Floor Riverside CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government / Planning

YOUR BUSINESS POSITION: Principal Planner

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☑ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Sale of _____ (Property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Mt. San Jacinto College

ADDRESS (Business Address Acceptable): 28237 La Piedra Road Menifee CA 92584

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Community College Instruction

YOUR BUSINESS POSITION: Adjunct Faculty

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☑ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☑ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Sale of _____ (Property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ (Describe)

▶ 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
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE: _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ Street address
- _____ City
- ☐ Guarantor _____
- ☐ Other _____ (Describe)

Comments:

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

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Name: Adam Rush

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: AK Enterprises

[redacted] (d)(5)

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Internet Distribution

YOUR BUSINESS POSITION: Owner

GROSS INCOME RECEIVED
- [x] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [x] Sale of Products & Services (Property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Riverside County Transportation Commission

ADDRESS (Business Address Acceptable): 4080 Lemon Street 3rd Floor, Riverside, CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Transportation Commissioner

YOUR BUSINESS POSITION: Commissioner

GROSS INCOME RECEIVED $100.00
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Sale of _____ (Property, car, boat, etc.)
- [x] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ (Describe)

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
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE _____% [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ Street address _____ City
- [ ] Guarantor _____
- [ ] Other _____ (Describe)

Comments: _____

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SCHEDULE D
Income – Gifts

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Name: Adam Rush

▶ NAME OF SOURCE: City of San Diego
ADDRESS (Business Address Acceptable): 202 C Street, 2nd Floor, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/19/10	$275	Tickets/Parking/ merchandise
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

▶ NAME OF SOURCE: Supervisor Tavlisione for County Supervisor 2010, Riverside County CA
ADDRESS (Business Address Acceptable): County Supervisor
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 4080 Lemon Street Riverside CA 92504

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/15/10	$300.00	Tickets to Fundraiser
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

▶ NAME OF SOURCE: Granite Construction/Liberty Quarry
ADDRESS (Business Address Acceptable): 585 W. Beach St. Watsonville, CA 95076
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Construction Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/20/10	$300.00	Tickets to Sup. Fundraiser
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

Comments:

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SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

▶ NAME OF SOURCE
City of Eastvale
ADDRESS *(Business Address Acceptable)* Ste 103
6880 Hamner Ave Eastvale CA 92880
CITY AND STATE
Eastvale CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government
DATE(S): 10/31/10 - __/__/__ *(If applicable)* AMT: $ $354
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
DESCRIPTION: Reimbursement for Travel to the League of CA Cities

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments: