

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 APR 1 2011

Please type or print in ink.

REDLANDS CITY CLERK

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Aguilar	Peter	R

1. Office, Agency, or Court

Agency Name
 City of Redlands
 Division, Board, Department, District, if applicable
 Your Position
 Member of the City Council

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

Agency: Redevelopment Position: Boardmember

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

State Judge (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, 2010, through December 31, 2010.
 -or-
 The period covered is ____/____/____, through December 31, 2010.
 Assuming Office: Date ____/____/____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____
 (Check one)
 The period covered is January 1, 2010, 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: 8

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

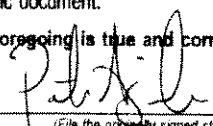
5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
35 Cajon Street	Redlands	CA	92373	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(909) 798-7533	pagular@cityofredlands.org			

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 acknowledge this is a public document.

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

Date Signed March 31, 2011
 (month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 Official Use Only

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Aguilar		Peter	R

1. Office, Agency, or Court

Agency Name
 San Bernardino Associated Governments (SANBAG)
 Division, Board, Department, District, if applicable
 Your Position
 Alternate Board Member

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

Agency: Omnitrans Position: Alternate Boardmember

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

State Judge (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, 2010, through December 31, 2010.
 -or-
 The period covered is _____ through December 31, 2010.
 Assuming Office: Date _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left _____
 (Check one)
 The period covered is January 1, 2010, 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: _____

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

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
35 Cajon Street		Redlands	CA	92373
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(909) 798-7533	paguilar@cityofredlands.org			

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 acknowledge this is a public document.

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

Date Signed March 31, 2011
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 Official Use Only

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Aguilar		Peter	R

1. Office, Agency, or Court

Agency Name
 San Bernardino Valley Municipal Water - Advisory Committee

Division, Board, Department, District, if applicable
 Your Position
 Alternate Board Member

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

Agency: _____ Position: _____

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

State Judge (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, 2010, through December 31, 2010. **-or-** **Leaving Office:** Date Left _____
 (Check one)

The period covered is _____, through December 31, 2010.

Assuming Office: Date _____ The period covered is January 1, 2010, through the date of leaving office.

Candidate: Election Year _____ Office sought, if different than Part 1: _____ 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: _____

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. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
35 Cajon Street		Redlands	CA	92373
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(909) 798-7533	pagular@cityofredlands.org			

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 acknowledge this is a public document.

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

Date Signed March 31, 2011 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Peter Aguilar

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Arrowhead Credit Union</u>	NAME OF SOURCE OF INCOME <u>University of Redlands</u>
ADDRESS (Business Address Acceptable) <u>PO Box 735, San Bernardino, CA 92402</u>	ADDRESS (Business Address Acceptable) <u>1200 E. Colton Ave., Redlands, CA 92374</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Financial Institution</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Higher education institution</u>
YOUR BUSINESS POSITION <u>VP, Director of Government Affairs</u>	YOUR BUSINESS POSITION <u>Spouse, Consultant</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	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 checked="" 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>(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>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" 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>(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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence	
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	<input type="checkbox"/> Real Property _____ <small>Street address</small> <small>City</small>	
	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ <small>(Describe)</small>	

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <p align="center">Peter Aguilar</p>

▶ NAME OF SOURCE
Million Air

ADDRESS (Business Address Acceptable)
295 North Leland Norton Way , San Bdnno, CA 92408

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fixed based aviation operator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 6 / 10</u>	<u>\$ 150</u>	<u>Recept. for grand open</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Southern California Gas Co

ADDRESS (Business Address Acceptable)
555 W. 5th Street Street, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 5 / 10</u>	<u>\$ 100</u>	<u>LA Clippers game tickt</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>

▶ 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>

▶ 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>

▶ 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: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Peter Aguilar

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
 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): 1 / 1 / 10 - 12 / 31 / 10 AMT: \$ 1,030.96
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel, meals and lodging for volunteer services as a member of the League board of directors.

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(if applicable)

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 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(if applicable)

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 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____