



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Redlands City Clerk

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Aguilar	Peter	R	(909) 798-7533	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
P.O. Box 3005		Redlands	CA	92373
			OPTIONAL FAX / E-MAIL ADDRESS	
			paguilar@cityofredlands.or	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Redlands

Division, Board, District, if applicable:

Your Position:
Member of the City Council

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

Agency: Redevelopment

Position: Boardmember

4. Schedule Summary

► Total number of pages including this cover page: 4

► 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

-OF-

No reportable interests on any schedule

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

State

County of _____

City of Redlands

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

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

Candidate Election Year: _____

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 3/31/09
(month, day, year)

Signature Peter Aguilar
(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 R. Aguilar

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Arrowhead Credit Union

ADDRESS
 P.O. Box 735, San Bernardino, CA, 92402

BUSINESS ACTIVITY IF ANY OF SOURCE
 Financial Institution

YOUR BUSINESS POSITION
 VP, Director of Governmental Relations

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
 University of Redlands

ADDRESS
 1200 Colton Avenue, Redlands, CA 92373

BUSINESS ACTIVITY IF ANY OF SOURCE
 Higher Education Institution

YOUR BUSINESS POSITION
 Spouse - Consultant

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. LOAN RECEIVED

* 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)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS		

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

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Peter R Aguilar

▶ NAME OF SOURCE
Audrey Martinez

ADDRESS
26569 Community Center Dr., Highland, CA 92346

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 12 / 08	\$ 180	Tickets to Bill Maher
___ / ___ / ___	\$ _____	event
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE
CalPortland

ADDRESS
2025 Financial Way Dr., Glendora, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mining

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 19 / 08	\$ 48	Ringling Bros Tickets
12 / 14 / 08	\$ 300	Los Angeles Lakers tix
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE
Redlands Police Officers Association

ADDRESS
P.O. Box Redlands, CA 92373

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Safety Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 8 / 08	\$ 150	Attendance at Annual
___ / ___ / ___	\$ _____	Meeting event
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____