N X	Yes	pendent child	actions, or liabilities of a spouse or dependent child sulted with the Committee on Ethics.	come, transave first cons	ssets, "unearned" in "yes" unless you ha	his report any other a ption? Do not answe	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabi because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION—Have because they meet a
₹ <u>X</u>	Yes 🔲	ot be	certain other "excepted trusts" need not be	Ethics and c	y the Committee on trust benefiting you,	nd Trusts" approved b	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "e disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a depende	TRUSTS—Details re disclosed. Have you
S	QUESTION)F THESE (ON — ANSWER EACH OF THESE QUESTIONS	ORMATI	R TRUST INF	EPENDENT, O	F SPOUSE, DI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	appropriate schedule attached for each "Yes" response	ne approp	answered and the	s part must be a	Each question in this part must be	Eac
No	Yes 🔀	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Dic a singk if yes,	Yes No No		III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did you, your spous able liability (more than If yes, complete and a
8	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did with ar	Yes X No		II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, your spous income of more than \$: reportable asset worth If yes, complete and s
N _O	Yes X	efore the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Dic of filing If yes ,	Yes X No		 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	Did you or your spot fees) of \$200 or more t if yes, complete and a
			JESTIONS	IESE QL	ANSWER EACH OF THESE QUESTIONS		In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	In all sections, please type or print clearly in blue of PRELIMINARY INFORMATION —
who files	\$200 penalty shall be assessed painst any individual who files ore than 30 days late.	A <i>\$200 penalty</i> shall be against any individual more than 30 days late.	Check if Amendment	Election:		State: CA District: 31 Employing Office	Candidate for the House of Representatives New officer or employee	Filer Status
60 A	2013 JUN 17 F1112: 03	2013 JUN	phone:	Daytime Telephone:	Dayti		Aguilar	Name: Pete
Page 1 of 6	3 2013 F	JUN 1 3 2013	FORM B For use by candidates and new employees	For use	VES	REPRESENTATIVES		UNITED STATES HOUSE OF FINANCIAL DISCLOSURE S' Period-covered: January 1, อิงเจิ

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Rapidan

Page of 6

more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or

Exclude minuty pay (secon as isanonal canala of necession pay), receis for onionion prog	orion programo, and poriono		, , , , , , , , , , , , , , , , , , , ,
Course (include date of receipt for honoraria)	Type	Amount	unt
טיפוסס (וויטומסס ממוס ער ופססיףי וער וועריטומווע)	. 7 00	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
SOUTHERN CALIFORNIA STRATEGIC ADVOCACY SOLUTIONS	SALARY	16,211	68,000
CITY OF PEDIANOS	STIPEND	2,575	6,090
SAN BERNARDINO BOARD OF ASSOCIATED GONERNMENT	STIPEND	1,635	3,500
UNWERS ITY OF PEDLANDS	Spouse SAZARY	N/A	~/^

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	R				अ	JŢ	DC,	SP,	inco ent the	ing ing	tha nes	acx For	For cific	rep en en en	
	_1		A		3 >	1	Ě		If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental homene during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholding the social to the provide only the name of the institution holding the	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated	≽
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			 		-	L			DIVIDENDS				deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments. or that generate tax-	
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

		57		SP, DC, JT
		Africand CENTRAL CREDIT WWW.	Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
		MOSTRAGE ON 82 DAANGEWOOD CA	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature **Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization):

					_
ALTERNATE BOARD MEMBER	BIRAD MEMBER	ALTERMATE BORNS MEMBER	Spoto of District of Control	Position	and positions soiety of an individually riadiale.
OMNITHANS - SAN BERNARDING COUNTY	CALIFORNIA CONSUMER MOTOR VEHICLE RECOVERY CORPORATION	GAN BERNARDING VALLEY MUNICIPAL WATER ADVISIRY COMMITTEE	YMCA OF THE EAST VALLEY - REDUBDS, CA	Name of Organization	WIG.

SCHEDULE V - AGREEMENTS

Name PETE AGULLAR

Page 6 of 6

oyment; a leave of absence during the period of government it; or continuing participation in an employee welfare or ben-

Date	Parties To	

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
THE COMMUNITY FOUNDATION OF SAN BERMANDOND PRINCES	Now Profit & Community Affines Consocius
CACIFORNIA STATE WILLISTY SAN BERMANOWS	FUMPATINE CONSOLIANT
BCMG	PROSECT MANAGEMENT
CAMPORNIA CAZOIT UMON LURGUE	Government Assairs
NATIONAL COMMUNITY RENAISSANCE	PROJECT MANAGEMENT
SAM REMAMOIND PHYENTS FOR GARRY SUMBLY	GONZANMENT RELATIONS
CITY of ONTARYO	Gardon Sor RELATIONS