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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Oropeza	Jenny	A.	[redacted]

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[redacted]				

1. Office, Agency, or Court

Name of Office, Agency, or Court:
California State Senate

Division, Board, District, if applicable:
28th

Your Position:
Senator

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

Agency: _____

Position: _____

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

☒ State
☐ County of _____
☐ City of _____
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

☒ 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: 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

-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 February 25, 2010

Signature [redacted] (Your filing official.)

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Jenny Oropeza

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Takase ADD System, Inc.

ADDRESS *(Business Address Acceptable)*
1920 Obispo Avenue, Long Beach, CA 90804

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Freight Forwarders

YOUR BUSINESS POSITION
Vice President

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

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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: _____

CALIFORNIA FORM 700
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Name: Jenny Oropeza

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: California Tribal Business Alliance
ADDRESS (Business Address Acceptable): 1530 J Street, Suite 250, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Tribal trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 14 / 09	$ 89	Back-To-Session Bash
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Taxpayers for Rod Wright Senate 2012
ADDRESS (Business Address Acceptable): P.O. Box 8542, Los Angeles, CA 90008
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 15 / 09	$ 62	Gift Basket
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Wine Institute
ADDRESS (Business Address Acceptable): 425 Market Street, Suite 1000, San Francisco, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Wine trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 9 / 09	$ 59	Reception
/ /	$	
/ /	$	

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

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

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

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

Comments:

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Jenny Oropeza

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

▶ NAME OF SOURCE
City of Los Angeles
ADDRESS *(Business Address Acceptable)*
200 North Spring St.
CITY AND STATE
Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
City government
DATE(S): 1 / 5 / 09 - 12 / 17 / 09 *(if applicable)* AMT: $ 600
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Parking at LAX

▶ 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: