

2010 MAR - 1 PM 5:14

MAR - 1 2010

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Strickland	Tony		[REDACTED]	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
[REDACTED]				OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

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

Division, Board, District, if applicable:

Your Position:
State Senator, 19th District

► 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: 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 2/25/10
(month, day, year)

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

SCHEDULE D
Income – Gifts

Name
 Tony Strickland

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 14 / 09</u>	<u>\$ 88.77</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Californians Allied for Patient Protection
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 2015, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 27 / 09</u>	<u>\$ 72.40</u>	<u>Food/Beverage</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Various Healthcare/Life Sciences entities
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare and life sciences

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u>	<u>\$ 216.88*</u>	<u>Reception/Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Southern California Edison
 ADDRESS (Business Address Acceptable)
2244 Walnut Grove Ave., Rosemead, CA 91770
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 29 / 09</u>	<u>\$ 15.12</u>	<u>Food/Beverage</u>
<u>11 / 10 / 09</u>	<u>\$ 106.21</u>	<u>Food/Beverage</u>
<u>12 / 17 / 09</u>	<u>\$ 16.50</u>	<u>Holiday ornament</u>

▶ NAME OF SOURCE
UC Santa Barbara Alumni Association
 ADDRESS (Business Address Acceptable)
UC Santa Barbara, Santa Barbara, CA 93106
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 10 / 09</u>	<u>\$ 65</u>	<u>Food/Beverage</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Anthem Blue Cross
 ADDRESS (Business Address Acceptable)
1121 L Street, Suite 500, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 31 / 09</u>	<u>\$ 62.44</u>	<u>Food/Beverage</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: *Sponsored by 13 entities, all of which paid less than \$50 per person for the event costs.

SCHEDULE D
Income – Gifts

Name
 Tony Strickland

▶ NAME OF SOURCE
Farmers Group, Inc.
 ADDRESS (Business Address Acceptable)
4680 Wilshire Blvd., Los Angeles, CA 91010
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 21 / 09</u>	<u>\$ 70.91</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
State Farm
 ADDRESS (Business Address Acceptable)
1201 K Street, Suite 920, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 27 / 09</u>	<u>\$ 160.00</u>	<u>Sporting event ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CEP America/MedAmerica, Inc.
 ADDRESS (Business Address Acceptable)
2100 Powell Street, Suite 900, Emeryville, CA 94608
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 17 / 09</u>	<u>\$ 183.60</u>	<u>Food/Beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Technology Association of America
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 2140, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 28 / 09</u>	<u>\$ 71.59</u>	<u>Food/Beverage</u>
<u>5 / 13 / 09</u>	<u>\$ 10</u>	<u>Candy</u>
<u>3 / 23 / 09</u>	<u>\$ 18.13</u>	<u>Food/Beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Microsoft Corporation
 ADDRESS (Business Address Acceptable)
1 Microsoft Way Redmond, WA 98052
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 28 / 09</u>	<u>\$ 71.59</u>	<u>Food/Beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Correctional Peace Officers Association
 ADDRESS (Business Address Acceptable)
1801 L Street, Suite 239 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Corrections

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 14 / 09</u>	<u>\$ 172.62</u>	<u>Sporting event ticket</u>
<u>4 / 22 / 09</u>	<u>\$ 150.19</u>	<u>Food/Beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income - Gifts

Name
 Tony Strickland

▶ NAME OF SOURCE
AT&T
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1800 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 7 / 09</u>	<u>\$ 320.00</u>	<u>Sporting event ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Council for Legislative Excellence
 ADDRESS (Business Address Acceptable)
2150 River Plaza Dr., Ste150 Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 2 / 09</u>	<u>\$ 150.50</u>	<u>Briefcase</u>
<u>12 / 2 / 09</u>	<u>\$ 46.02</u>	<u>Clothing</u>
<u>12 / 2 / 09</u>	<u>\$ 59.33</u>	<u>Cufflinks</u>

▶ NAME OF SOURCE
Pacific Policy Research Foundation
 ADDRESS (Business Address Acceptable)
101 Parkshore Dr, Suite 100 Folsom, CA 95630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 8 / 09</u>	<u>\$ 130.00</u>	<u>Reception</u>
<u>11 / 9 / 09</u>	<u>\$ 55.00</u>	<u>Food/Beverage</u>
<u>11 / 10 / 09</u>	<u>\$ 55.00</u>	<u>Food/Beverage</u>

▶ NAME OF SOURCE
Council for Legislative Excellence
 ADDRESS (Business Address Acceptable)
2150 River Plaza Dr., Ste150 Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 2 / 09</u>	<u>\$ 8.72</u>	<u>Green gift bag</u>
<u>12 / 2 / 09</u>	<u>\$ 25.61</u>	<u>Transportation</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: _____