

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document
 APR 05 2010
 By *APC*

Date Received
Official Use Only

FEB

MAR 30 2010
Bar

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
WRIGHT	RODERICK	D	(d)(5)
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
(d)(5)	(d)(5)	(d)(5)	(d)(5)
		ZIP CODE	OPTIONAL E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CALIFORNIA STATE SENATE

Division, Board, District, if applicable:
25TH DISTRICT

Your Position:
ELECTED OFFICIAL

► 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: 2

► 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 - Travel Payments

-OR-

No reportable interests on any schedule

5. Verification

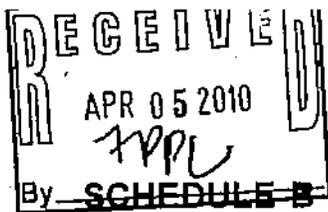
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed MARCH 28, 2010

Signature: (d)(5)

File the originally signed statement with your filing official.



EB



Interests in Real Property (Including Rental Income)

STREET ADDRESS OR PRECISE LOCATION
868 GLENWAY DRIVE
CITY
INGLEWOOD, CA 80302

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED: ___/___/09
 DISPOSED: ___/___/09

NATURE OF INTEREST
 Ownership/Deed of Trust
 Easement
 Leasehold
 Yrs. remaining: _____ Other: _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE _____ TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000
 Guarantor, if applicable

STREET ADDRESS OR PRECISE LOCATION
7627 S. DALTON AVENUE
CITY
LOS ANGELES, CA 90047

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED: ___/___/09
 DISPOSED: ___/___/09

NATURE OF INTEREST
 Ownership/Deed of Trust
 Easement
 Leasehold
 Yrs. remaining: _____ Other: _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Verification

Print Name RODERICK D. WRIGHT

Office, Agency or Court CA STATE SENATE

Statement Type
 2008/2010 Annual
 Assuming
 Leaving
 Annual
 Candidate

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 MARCH 28, 2010

Signature (d)(5)(5)

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
WRIGHT	RODERICK	D	(d)(5)
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
(d)(5)			

1. Office, Agency, or Court

Name of Office, Agency, or Court:
 CALIFORNIA STATE SENATE

Division, Board, District, if applicable:
 25TH DISTRICT

Your Position:
 ELECTED OFFICIAL

► 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: 2

► 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 - 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 MARCH 23, 2010

Signature (d)(5)

EB

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- 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-Legislative & Gov't Affairs

ADDRESS (Business Address Acceptable)
1400 K Street, Room 208

CITY AND STATE
Sacramento, CA 85814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 01 / 04 / 09 - 12 / 17 / 09 AMT: \$ 600.00
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: LAX parking and shuttle services

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Verification

Print Name RODERICK D. WRIGHT

Office, Agency or Court CA STATE SENATE

Statement Type 2009/2010 Annual Assuming Leaving
 (if) Annual Candidate

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 MARCH 23, 2010

Signature (d)(5)

Comments: _____

2010 MAR - 1 PM 5:14
A Public Document

FEB 26 2010

BM

Please type or print in

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER (d)(5)
WRIGHT	RODERICK	DEVON	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
OPTIONAL: E-MAIL ADDRESS			(d)(5)

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CA STATE LEGISLATURE

Division, Board, District, if applicable:
STATE SENATE, 25TH DISTRICT

Your Position:
ELECTED OFFICIAL-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 Data: ____/____/____
- 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 FEBRUARY 22, 2010

Signature (d)(5)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
RODERICK D. WRIGHT

▶ STREET ADDRESS OR PRECISE LOCATION
666 GLENWAY DRIVE
 CITY
INGLEWOOD, CA 80302

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRE / / 09 DISPOSED / / 09

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
MICHA GREEN
WANDA SANDERS

▶ STREET ADDRESS OR PRECISE LOCATION
7627 S. DALTON AVENUE
 CITY
LOS ANGELES, CA 90047

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRE / / 09 DISPOSED / / 09

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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 _____
 INTEREST RATE _____ % None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____ % None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
RODERICK D. WRIGHT

▶ STREET ADDRESS OR PRECISE LOCATION
4556 DON MILAGRO DRIVE

CITY
LOS ANGELES, CA 90008

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 09 DISPOSED / / 09

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 09 DISPOSED / / 09

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE TERM (Months/Years)
 _____ % None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

**SCHEDULE D
 Income - Gifts**

Name
Roderick D. Wright

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 17 / 09</u>	<u>\$ 16.50</u>	<u>holiday ornament</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Foundation on the Environment and the Economy
 ADDRESS (Business Address Acceptable)
Pier 35, Suite 202, San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 23 / 09</u>	<u>\$ 50.00</u>	<u>delegation gift</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
The Walt Disney Company
 ADDRESS (Business Address Acceptable)
500 S. Buena Vista Street, Burbank, CA 91521-0736
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 24 / 09</u>	<u>\$ 378.00</u>	<u>Disneyland Resort tix</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
1095 Barona, Lakeside, CA 92040-1599
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 26 / 09</u>	<u>\$ 159.07</u>	<u>hotel room & meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Pacific Gas and Electric Company
 ADDRESS (Business Address Acceptable)
1415 L Street, Suite 280, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 19 / 09</u>	<u>\$ 158.37</u>	<u>dinner at Morton's</u>
<u>04 / 16 / 09</u>	<u>\$ 18.97</u>	<u>lunch @ Diablo Canyon</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Cable and Telecommunications Association
 ADDRESS (Business Address Acceptable)
1001 K Street, 2nd Floor, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 09</u>	<u>\$ 40.00</u>	<u>dinner</u>
<u>08 / 26 / 09</u>	<u>\$ 22.28</u>	<u>open house reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

**SCHEDULE D
 Income - Gifts**

Name
Roderick D. Wright

▶ NAME OF SOURCE
CA Correctional Peace Officers Association
 ADDRESS (Business Address Acceptable)
1415 L Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 09</u>	<u>\$ 56.18</u>	<u>dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Verizon
 ADDRESS (Business Address Acceptable)
1201 K Street, Suite 960, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 24 / 09</u>	<u>\$ 213.55</u>	<u>NBA tx food & bevrs</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Distributors Association
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1500, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 09</u>	<u>\$ 87.20</u>	<u>dinner in La Quinta</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Association of Winegrape Growers
 ADDRESS (Business Address Acceptable)
1325 J Street, Suite 1560, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 04 / 09</u>	<u>\$ 12.68</u>	<u>breakfast reception</u>
<u>08 / 17 / 09</u>	<u>\$ 47.00</u>	<u>(2) bottles of wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Comcast Corporation
 ADDRESS (Business Address Acceptable)
1415 L Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 09</u>	<u>\$ 39.92</u>	<u>reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Building Industry Association
 ADDRESS (Business Address Acceptable)
1215 K Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 09</u>	<u>\$ 93.75</u>	<u>Leg. dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

Name

Rodarick D. Wright

**SCHEDULE D
Income - Gifts**

▶ NAME OF SOURCE
Del Mar Thoroughbred Club

ADDRESS (Business Address Acceptable)
P.O. Box 700 Del, Mar, CA 92014-0700

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 22 / 09</u>	<u>\$ 255.00</u>	<u>opening day event</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>

▶ 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: _____

EB

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

- You must mark either the gift or income box.
Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
12 AUG 16 PM 2:39

NAME OF SOURCE: Legislative Leadership Institute
ADDRESS: 721 Cardinal Lane, Suite 105
CITY AND STATE: Green Bay, Wisconsin 54313
BUSINESS ACTIVITY: Masters of International Relations Program - Rwanda
DATE(S): 12/04/09 - 12/13/09 AMT: \$ 13,045.46
TYPE OF PAYMENT: [X] Gift [] Income
[] Made a Speech/Participated in a Panel
[X] Other - Provide Description
Program Expenses - airfare, hotel, tuition, transportation, meals, beverages, entrance fees

NAME OF SOURCE:
ADDRESS:
CITY AND STATE:
BUSINESS ACTIVITY:
DATE(S):
TYPE OF PAYMENT: [] Gift [] Income
[] Made a Speech/Participated in a Panel
[] Other - Provide Description

NAME OF SOURCE:
ADDRESS:
CITY AND STATE:
BUSINESS ACTIVITY:
DATE(S):
TYPE OF PAYMENT: [] Gift [] Income
[] Made a Speech/Participated in a Panel
[] Other - Provide Description

Filer's Verification
Print Name: Roderick D. Wright
Office, Agency or Court: California State Senate
Statement Type: [] 2011/2012 Annual [] Assuming [] Leaving [X] 2009 Annual [] Candidate
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: August 15, 2012
Filer's (d)(5)

Comments: The Legislative Leadership Institute - Academy of Foreign Affairs works in partnership with Irish American University