CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2010 MAR -1 PM 5:14

A Public Document

Date Received
Official Use Only

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Hill	LELAND		

MAILING ADDRESS (Business Address Ac	STREET	CITY	STATE	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: —

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:** _____

► **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 2/27/10
(month, day, year)

Signature _____
(Filing Official)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ STREET ADDRESS OR PRECISE LOCATION
1849 Shattuck Ave

CITY
Berk CA

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

NATURE OF INTEREST
- [x] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [x] $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
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Yes

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Mark De Saulnier	State Capitol		1/9/09	$16	Wine
Popcorn Man	6166 Walker Ave	Maywood	2/23/09	$25	Popcorn
John Zaborsky	5500 W. Jefferson Blvd	LA	2/10/09	$2100	Skateboard w/o wheels
Rice Commission	8801 Folsom Blvd #172	Sac	3/10/09	$30.77	Box of Rice
CA State University	401 Golden Shore	Long Beach	2/13/09	$90	Cardio
Western growers Ass	1415 L St.	Sacramento	3/13/09	$3	Fruits

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: CA Citrus Mutual
ADDRESS (Business Address Acceptable): 512 N. Kaweah Ave Exeter
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/17/09	$ 5.50	oranges
/ /	$	
/ /	$	

► NAME OF SOURCE: Personal Care Product.
ADDRESS (Business Address Acceptable): 1107 17th St NW #30 Wash DC
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/1/09	$ 124.81	Personal Care Products
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Cut Flower Ass
ADDRESS (Business Address Acceptable): 1521 I St Sacramento
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/24/09	$ 15	flowers
/ /	$	
/ /	$	

► NAME OF SOURCE: Cotton Ginners + Growers
ADDRESS (Business Address Acceptable): 1785 N. Fine Ave Fresno
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/23/09	$ 45	Towels
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Growers Ass
ADDRESS (Business Address Acceptable): 1415-L St #450
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/31/09	$ 2	Lunch Box
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Physical Therapy Ass
ADDRESS (Business Address Acceptable): 2880 Gateway Oaks SAC
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/27/09	$ 20	Executive Board Pedometer, Integrated
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Popcorn Man	6116 Walnut Ave		4/27/09	$ 25	Popcorn
Ted American	1215 K St Sacto		5/13/09	$ 10	Candy
Lucky Chang	1700 Hillside Blvd Colma		5/2/09	$ 200	Food
Assoint of Prof Scientists	455 Capitol Mall - Sacto.		5/19/09	$ 6.95	Beaker
University of Pacific	3601 Pacific Ave Stockton		5/4/09	$ 15	T-shirt
Daisy McAuthur	1338 Mission St SF		5/22/09	$ 30	Candy

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Steinberg for Senate	1100 O St Sac		6/3/09	$33.48	dinner
Tri Valley Haven	3663 Pacific Ave Livermore		8/19/09	$10	T-Shirt
Rod Wright	POB 8542 LA.		6/15/09	$62	wine glasses
Grapeo Tree Fruit	978 W. Alluvial Fresno		9/2/09	$15	Fruit
Darcy McAuley	1338 Mission St		7/2/09	$15	Candy
Los Angeles Stadium	13191 Crossroads Pkwy N. City of Industry		11/19/09	$24.75	Football

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Daring McArth
ADDRESS (Business Address Acceptable): 1338 Mission St SF
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/3/09	$ 65	Toy Chair
/ /	$	
/ /	$	

▶ 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: Virginia Wong
ADDRESS (Business Address Acceptable): POB 320484 SF
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/18/09	$ 99.95	golf Basket
/ /	$	
/ /	$	

▶ 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: [illegible]

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

▶ NAME OF SOURCE: Kirsten Zarrehparvar
ADDRESS (Business Address Acceptable): 104 San Andreas Drive
CITY AND STATE: Novato CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: —
DATE(S): 10/18/09 - 10/23/09 (if applicable) AMT. $ 420
TYPE OF PAYMENT (must check one): ☑ Gift ☐ Income
DESCRIPTION: Airfare + lodging - Travel to Korea - meeting with govt officials

▶ NAME OF SOURCE: MH Consulting
ADDRESS (Business Address Acceptable): 1536 Indian Valley Rd
CITY AND STATE: Novato, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Consulting Firm
DATE(S): 10/18/09 - 10/23/09 (if applicable) AMT. $ 420
TYPE OF PAYMENT (must check one): ☐ Gift ☐ Income
DESCRIPTION: Airfare + lodging - travel to Korea - meeting with govt officials

▶ NAME OF SOURCE: Marian Zarrehparvar
ADDRESS (Business Address Acceptable): 104 San Andreas Drive
CITY AND STATE: Novato CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: —
DATE(S): 10/18/09 - 10/23/09 (if applicable) AMT. $ 420
TYPE OF PAYMENT (must check one): ☑ Gift ☐ Income
DESCRIPTION: Airfare + lodging - Travel to Korea - meeting with govt officials

▶ NAME OF SOURCE: Dr Kozan
ADDRESS (Business Address Acceptable): 104 San Andreas Drive
CITY AND STATE: Novato, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real estate
DATE(S): 10/18/09 - 10/23/09 (if applicable) AMT. $ 420
TYPE OF PAYMENT (must check one): ☑ Gift ☐ Income
DESCRIPTION: Airfare + lodging - Travel to Korea - meeting with govt officials

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Yee –

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

▶ NAME OF SOURCE: Lee S Cole
ADDRESS: 524 San Anselmo Ave
CITY AND STATE: San Anselmo CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Fire Safety
DATE(S): 10/18/09 - 10/23/09 (if applicable) AMT $: 420
TYPE OF PAYMENT (must check one): ☑ Gift ☐ Income
DESCRIPTION: Airfare & lodging - Travel to Korea - Meeting with govt officials

▶ NAME OF SOURCE:
ADDRESS:
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:
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:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): ___/___/___ - ___/___/___ (if applicable) AMT $:
TYPE OF PAYMENT (must check one): ☐ Gift ☐ Income
DESCRIPTION:

Comments:

MAR - 1 2010

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 10 MAR -3 AM 10:05

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: Covenant Action + Community Institute

ADDRESS (Business Address Acceptable): 4535 Shady Oak Way

CITY AND STATE: Fair Oaks, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE(S): 3/2/09 - 3/4/09 (if applicable) AMT $ 1735

TYPE OF PAYMENT (must check one): ☑ Gift ☐ Income

DESCRIPTION: Trip to New Jersey regarding quality childcare

► 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:

Verification

Print Name [illegible]

Office, Agency or Court Senate

Statement Type ☑ 2009/2010 Annual ☐ Assuming ☐ Leaving ☐ ___ Annual (yr) ☐ 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 3/2/10 (month day year)

Signature

Comments:

EB

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
10 MAR -3 AM 11:07

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE
Govt Action Committee Institute
ADDRESS (Business Address Acceptable)
4535 Shady Oak Way
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fair Oaks CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/10/09	$ 45	Reception dinner for New Jersey visit
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

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

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

Verification

Print Name [illegible]
Office, Agency or Court Senate

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving ☐ ____ (yr) 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 3/2/10 (month day year)

Signature _____

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► STREET ADDRESS OR PRECISE LOCATION
1849 Shattuck Avenue

CITY
Berkeley, CA -

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

IF APPLICABLE, LIST DATE
___/___/09 ACQUIRED ___/___/09 DISPOSED
Acquired 6/25/96

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.
The property was used as a rental starting 1/1/09

* 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

► STREET ADDRESS OR PRECISE LOCATION

CITY

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

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

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 LELAND Yee

Office, Agency or Court Senate

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ ____ (yr) 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 April 22 2010 (month, day, year)

Signature _____

FAIR POLITICAL PRACTICES COMMISSION
11 APR 26 PM 5:07

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ NAME OF SOURCE: Personal Care Products Council
ADDRESS (Business Address Acceptable): 1101 17th St NW #30 Washington DC
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/1/09	$ 12481	Personal Care Products such as hand lotion, Hair Gel, Nail Polish, shaving cream
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Daisy McArthur
ADDRESS (Business Address Acceptable): 1338 Mission St SF
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Labor Employee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/3/09	$ 65	Toy Chair
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Daisy McArthur
ADDRESS (Business Address Acceptable): 1338 Mission St SF
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Labor Employee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/22/09	$ 30	CANDY
/ /	$	
/ /	$	

▶ 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: Daisy McArthur
ADDRESS (Business Address Acceptable): 1338 Mission St SF
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Labor Employee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/2/09	$ 15	Candy
/ /	$	
/ /	$	

Verification

Print Name: CELAND Yee
Office, Agency or Court: Senate
Statement Type: [X] 2009/2010 Annual [ ] Assuming [ ] Leaving [ ] ___ (yr) 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: April 22, 2010 (month, day, year)

Signature: [signature]

Comments:

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: Kirsten ZAREHPARVAR
ADDRESS (Business Address Acceptable): 104 San Andreas Drive
CITY AND STATE: Novato, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Homemaker
DATE(S): 10, 18, 09 - 10, 23, 09 (If applicable) AMT $ 420
TYPE OF PAYMENT (must check one): [X] Gift [ ] Income
DESCRIPTION: Airfare + lodging Travel to Korea Meeting with govt officials

► NAME OF SOURCE: MH Consulting
ADDRESS (Business Address Acceptable): 1535 Indian Valley Rd
CITY AND STATE: Novato CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Bookkeeping Consulting Small Business
DATE(S): 10, 18, 09 - 10, 23, 09 (If applicable) AMT $ 420
TYPE OF PAYMENT (must check one): [X] Gift [ ] Income
DESCRIPTION: Airfare + lodging Travel to Korea - Meeting with govt officials

► NAME OF SOURCE: MAZIAR ZAREHPARVAR
ADDRESS (Business Address Acceptable): 104 San Andreas Drive
CITY AND STATE: Novato, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate Businessman
DATE(S): 10, 18, 09 - 10, 23, 09 (If applicable) AMT $ 420
TYPE OF PAYMENT (must check one): [X] Gift [ ] Income
DESCRIPTION: Airfare + lodging Travel to Korea - Meeting with govt officials

Verification

Print Name: LEGAND Yee
Office, Agency or Court: Sheriff
Statement Type: [X] 2009/2010 Annual [ ] Assuming [ ] Leaving [ ] ____ (yr) 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: April 22, 2010 (month, day, year)

Signature: _____

Comments: _____

85

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: LOZAR
ADDRESS (Business Address Acceptable): 104 San Andreas Drive
CITY AND STATE: Novato, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate Company
DATE(S): 10/18/09 - 10/23/09 (if applicable) AMT $: 420
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Airfare & lodging Travel to Korea meeting with govt officials

▶ 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:

Verification

Print Name: LEAND Yee
Office, Agency or Court: Senate
Statement Type: ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving ☐ ____ (yr) 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: April 22 2010 (month, day, year)

Signature:

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

EB

► NAME OF SOURCE
Lucky Chances
ADDRESS *(Business Address Acceptable)*
1700 Hillside Blvd, Colma
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 2 / 09	$ 200	Food
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Verification

Print Name Leland Yee

Office, Agency or Court Senate

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving ☐ ____ (yr) 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 4/28/10 (month day year)

Signature ____

Comments: ____