CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

EB

A Public Document

Date Received
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Personnel Services Div

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Torlakson	Tom	A

1. Office, Agency, or Court

Agency Name
Superintendent of Public Instruction

Division, Board, Department, District, if applicable

Your Position
Superintendent of Public Instruction

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

☐ State
☐ Multi-County _____
☐ City of _____
☐ Judge (Statewide Jurisdiction)
☐ County of _____
☐ Other _____

3. Type of Statement *(Check at least one box)* amends A-0 signed by filer on 2/2/1

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*
○ The period covered is January 1, 2010, through the date of leaving office.
○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: _____

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached
☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 2/25/11 *(month, day, year)* Signature

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

RECEIVED FAIR POLITICAL PRACTICES COMMISSION

EB

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Torlakson	Tom	A

1. Office, Agency, or Court

Agency Name
CA Department of Education

Division, Board, Department, District, if applicable

State Superintendent of Public Instruction
Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: see attached list

Position: Boardmember

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [ ] **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ___/___/___, through December 31, 2010.

- [x] **Assuming Office:** Date 1 / 3 / 11
- [ ] **Candidate:** Election Year _____

- [ ] **Leaving Office:** Date Left ___/___/___ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ___/___/___, through the date of leaving office.

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 10

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [ ] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

(c)(1)redacted

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

(c)(1)redacted

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 acknowledge this is a public document.

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

Date Signed 2/2/11 *(month, day, year)*

Signature (c)(1)redacted
(File the originally signed statement with your filing official.)

Agencies:

CA Workforce Investment Board, California State Teachers' Reitrement System, State Council on Developmental Disabilities

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Torlakson, Tom

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
3420 Tabora Dr

CITY
Antioch, CA 94509

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

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 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.

► 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:
___/___/10 ACQUIRED ___/___/10 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*
Cite Mortgage

ADDRESS *(Business Address Acceptable)*
Mortgage Loan Company

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
5.65 % ☐ None

TERM (Months/Years)
30 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: Torlakson, Tom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: CA Teachers Association
ADDRESS *(Business Address Acceptable)*: 1118 10th St Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/30/10	$ 72.23	meal --speech event
/ /	$	
/ /	$	

► NAME OF SOURCE: The Bonnie J Addario Lung Cancer Foundation
ADDRESS *(Business Address Acceptable)*: 1100 Industrial Rd, Suite 1 San Carlos, CA 94070
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 501c3 Non-profit advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/13/10	$ 500.00	1 tix reception & gala
/ /	$	
/ /	$	

► NAME OF SOURCE: Sunpower Corporation
ADDRESS *(Business Address Acceptable)*: 3939 North 1st St San Jose, CA 95134
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Solar energy company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/11/10	$ 62.22	2 tix to luncheon event
9/1/10	$ 200.00	1 tix to luncheon event
/ /	$	

► NAME OF SOURCE: Planned Parenthood Affiliates of CA, Inc
ADDRESS *(Business Address Acceptable)*: 555 Capitol Mall, Suite 510 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbying organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/10/10	$ 74.72	tix to reception
/ /	$	
/ /	$	

► NAME OF SOURCE: The Golden Badge Foundation
ADDRESS *(Business Address Acceptable)*: 1607 North Sycamore Santa Ana, CA 92701
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 501c3 Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/29/10	$ 150.00	1 tix reception & dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: Armenian National Committee of America- W Region
ADDRESS *(Business Address Acceptable)*: 104 North Belmont, Suite 200 Glendale, CA 91206
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbying organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/24/10	$ 200.00	1 tix to annual banquet
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Torlakson, Tom

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Gary Lieberstein
ADDRESS (Business Address Acceptable): 931 Parkway Mall Napa, CA 94559
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Napa County District Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/10/10	$150.00	2 tix fundraising event
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Dorothy Salmon
ADDRESS (Business Address Acceptable): 10 Lighthouse Dr Napa, CA 94559
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/10/10	$70.00	dinner for self & wife
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Central Labor Council SanBernardino & Riverside Co
ADDRESS (Business Address Acceptable): 1074 E La Cadena Dr, Suite 1 Riverside, CA 92507
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/18/10	$65.00	meal at speakingevent
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Valley Industry & Commerce Association
ADDRESS (Business Address Acceptable): 5121 Van Nuys BlvdSuite 203Sherman Oaks 91403
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/15/10	$50.00	1 tix to reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE: The California Endowment
ADDRESS (Business Address Acceptable): 1000 North Alameda St, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 501c3 Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/24/10	$61.32	dinner meeting
/ /	$	
/ /	$	

▶ NAME OF SOURCE: The Mike Thompson for Congress Committee
ADDRESS (Business Address Acceptable): PO Box 10541 Napa, CA 94581
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Federal political campaign fundraising committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/22/10	$150.00	2 tix to fundraiser
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Torlakson, Tom

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: California Democratic Party
ADDRESS *(Business Address Acceptable)*: 1401 21st St, Suite 200 Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CA political party organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/19/10	$ 38.52	breakfast event
7/7/10	$ 50.00	lunch event
/ /	$	

▶ NAME OF SOURCE: CA Hispanic Chamber of Commerce
ADDRESS *(Business Address Acceptable)*: 770 L St, Suite 900 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/13/10	$ 100.00	1 tix to dinner event
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Dave & Sharon McCosker
ADDRESS *(Business Address Acceptable)*: 3155 Santa Maria Dr Concord, CA 94518
BUSINESS ACTIVITY, IF ANY, OF SOURCE: n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/7/10	$ 60.00	2event tix for self&wife
/ /	$	
/ /	$	

▶ NAME OF SOURCE: El Dorado County Democratic Party
ADDRESS *(Business Address Acceptable)*: PO Box 1126 Diamond Springs, CA 95619
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CA county political party organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/31/10	$ 50.00	meal at speech
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Jim Garfield
ADDRESS *(Business Address Acceptable)*: 10182 Telesis Court, Suite 100 San Diego, CA 92121
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Director, Active Network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/14/10	$ 250.00	1 tix to event
/ /	$	
/ /	$	

▶ NAME OF SOURCE: San Mateo County Central Labor Council AFL-CIO
ADDRESS *(Business Address Acceptable)*: 1153 Chess Drive, Suite 200 Foster City, CA 94404
BUSINESS ACTIVITY, IF ANY, OF SOURCE: County Labor Union organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/9/10	$ 110.00	2 event tix
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Torlakson, Tom

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)
California Utilities Diversity Council	1017 L Street PMB 306 Sacramento, CA 95814	Utilities business advocacy organization	6/27/10	$ 50.00	2tix reception self&wife
The Democratic Party of Contra Costa County	649 Main Street, Martinez, CA 94553	County political party organization	6/26/10	$ 50.00	2event tix for self&wife
Planned Parenthood Shasta Pacific	2185 Pacheco Street Concord, CA 94520	501c3 non-profit advocacy organization	6/27/10	$ 75.00	1 tix to event for wife
Scranton Law Firm	2450 Stanwell Drive, Concord CA 94520	law firm business	6/25/10	$ 348.00	2 event tix
CA Refuse Recycling Council Northern District	1121 L St, Suite 505 Sacramento, CA 95814	Lobbying organization	5/18/10	$ 71.87	reception event
Equality California	2370 Market St San Francisco, CA 94114	Lobbying organization	5/18/10	$ 50.00	1 tix to event

Comments:

CALIFORNIA FORM **700**
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Name: Torlakson, Tom

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Contra Costa National Electrical Contractors Assoc
ADDRESS *(Business Address Acceptable)*
1024 Court St Martinez, CA 94553
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbying organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 13 / 10	$ 100.00	dinner for speech
/ /	$	
/ /	$	

▶ NAME OF SOURCE
California Building Industry Association
ADDRESS *(Business Address Acceptable)*
1215 K St, Suite 1200 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbying organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 10	$ 79.55	1 tix to dinner event
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Pearson Education, Inc
ADDRESS *(Business Address Acceptable)*
1 Lake St Upper Saddle River, NJ 07458
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Publishing business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 7 / 10	$ 94.22	dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Ed Source
ADDRESS *(Business Address Acceptable)*
520 San Antonio Rd Suite 200 Mountain View 94040
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 18 / 10	$ 120.47	lodging for speech
3 / 19 / 10	$ 40.00	lunch at speech
/ /	$	

▶ NAME OF SOURCE
Advancement Project
ADDRESS *(Business Address Acceptable)*
925 L St, Suite 305 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 9 / 10	$ 63.00	conference dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Central Labor Council of Contra Costa County
ADDRESS *(Business Address Acceptable)*
1333 Pine St, Suite E Martinez, CA 94553
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 10	$ 50.00	CA Labor Fed dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Torlakson, Tom

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)
CA Professional Firefighters	1780 Creekside Oaks Dr, #200 Sacramento 95833	Labor union org	2/2/10	$60.00	flowers

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Operating Engineers, Local Union #3	1620 South Loop Rd, Alameda, CA 94502	Labor union organization	1/15/10	$250.00	1 tix labor event

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
CA Tribal Business Alliance	1530 J St, Suite 250 Sacramento, CA 95814	Tribal gaming business organization	1/12/10	$185.36	2tix 2010 Bash event

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
CA Coalition of Law Enforcement Associations	no address available	Law enforcement advocacy organization	1/12/10	$50.00	2 tix to 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)

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Torlakson, Tom

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Latino Journal
ADDRESS (Business Address Acceptable): 1017 L St, PMB 306 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: News organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 26 / 10	$ 250.00	2 event tix self & wife
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Contra Costa Building & Construction Trades Council
ADDRESS (Business Address Acceptable): 2727 Alhambra Ave, Suite 5 Martinez, CA 94553
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 9 / 10	$ 50.00	2tix breakfast event
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Instituto Laboral de la Raza
ADDRESS (Business Address Acceptable): 2947 16th St San Francisco, CA 94103
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 501c3 non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 12 / 10	$ 200.00	dinner tix for wife
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Service Employees International Union, Local 1000
ADDRESS (Business Address Acceptable): 1808 14th St, 1st Fl Sacramento, CA 95816
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 10 / 10	$ 97.32	2tix reception self&wife
/ /	$	
/ /	$	

▶ NAME OF SOURCE: CA Healthcare Institute
ADDRESS (Business Address Acceptable): 1215 K St, Suite 970 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Healthcare industry lobbing organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
0 / 2 / 10	$ 205.30	1 tix to dinner event
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Majestic Realty Company
ADDRESS (Business Address Acceptable): 13191 Crossroads Pkwy N, 6th Fl Industry, CA 91746
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Realty company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 4 / 10	$ 200.00	2 tix LAChamber event
/ /	$	
/ /	$	

Comments: