



Date Received
Print Name Only

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS RECEIVED

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

FEB 14 2011

2011 FEB 15 AM 11:07
A Public Document

BY: *[Signature]*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ALEJO LUIS A

1. Office, Agency, or Court

Agency Name
CALIFORNIA STATE ASSEMBLY

Division, Board, Department, District, if applicable
28th DISTRICT

Your Position
STATE ASSEMBLY MEMBER*

► If filing for multiple positions, list below or on an attachment. *Sworn in on December 6, 2010.

Agency: _____ Position: _____

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

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

3. Type of Statement (Check at least one box) Amends assuming office form signed on 12/28/10

- Annual: The period covered is January 1, 2010, through December 31, 2010. Leaving Office: Date Left ____/____/____
(Check one)
- or-
The period covered is 12/06/09, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
- Assuming Office: Date ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 4
- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached.
 - Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 - Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
 None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/9/2011 (month, day, year) Signature _____

*Period covers 12/6/2009 through 12/31/2010.



SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ STREET ADDRESS OR PRECISE LOCATION
545 Cereza Street
CITY
Watsonville, CA 95076

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

IF APPLICABLE, LIST DATE:
10/24/04 1/25/10
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust ^{*}
(Father's house)
 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.
Co-signer only. No financial income from disposal of property.

* 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

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

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

Comments: _____

2011 FEB 15 AM 11:07
 FAIR POLITICAL PRACTICES COMMISSION

Verification

Print Name LUIS A. ALEJO

Office, Agency or Court STATE ASSEMBLY

Statement Type 2010/2011 Annual Assuming Leaving
 Annual Candidate
(yr)

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 2/9/2011

 (c)(1)

Signature _____



SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ NAME OF SOURCE
GEORGE COUCH

ADDRESS (Business Address Acceptable)
104 LEE ROAD, WATSONVILLE, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 95076

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 6, 10</u>	<u>\$ 400.00</u>	<u>PANETTA INSTITUTE EVENT FUNDRAISER TICKET</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE ID# 1314080
JOHN A. PEREZ FOR ASSEMBLY

ADDRESS (Business Address Acceptable)
777 S. FIGUEROA ST., STE 4050,

BUSINESS ACTIVITY, IF ANY, OF SOURCE LOS ANGELES, CA 90017

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 6, 10</u>	<u>\$ 110.00</u>	<u>PORTFOLIO</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
CA DEMOCRATIC PARTY

ADDRESS (Business Address Acceptable)
1401 21st Street, Ste 200, SACRAMENTO,

BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 95811

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 5, 10</u>	<u>\$ 84.80</u>	<u>RECEPTION</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

2011 FEB 15 AM 11:00
RECEIVED
FAIR POLITICAL PRACTICES COMMISSION

Verification

Print Name LUIS A. ALEJO

Office, Agency or Court STATE ASSEMBLY

Statement Type 2010/2011 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 2/9/2011

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.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE
GAVILAN COLLEGE
 ADDRESS (Business Address Acceptable)
5055 SANTA TERESA BLVD.
 CITY AND STATE
GILROY, CA 95020
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 11/20/10 - 11/20/10 AMT: \$ 327.40
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: CA COMMUNITY COLLEGE
LEAGUE CONFERENCE / AWARD - AIR TRAVEL.

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

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 501 (c)(3)

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

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

RECEIVED
 FAIR POLITICAL PRACTICES COMMISSION
 2011 FEB 15 AM 11:08

Verification

Print Name LUIS A ALEJO

Office, Agency or Court STATE ASSEMBLY

Statement Type 2010/2011 Annual Assuming Leaving
 _____ Annual Candidate
 (yr)

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 2/9/2011

Signature 

Comments: _____



COVER PAGE

A Public Document

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2010 DEC 30 AM 9:01

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
ALEJO	LUIS	A.	(c)(1)	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	
(c)(1)				

1. Office, Agency, or Court

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

Division, Board, District, if applicable:
28TH DISTRICT

Your Position:
State Assemblymember

► 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: 12 / 6 /2011

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: 12/28/2010

Signature: (c)(1)



STATEMENT OF ECONOMIC INTERESTS

Date Received 12/28/2010

COVER PAGE



A Public Document

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
ALEJO	LUIS	A.	(c)(1)
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE
(c)(1)			OPTIONAL E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CALIFORNIA STATE ASSEMBLY
 Division, Board, District, if applicable:
28TH DISTRICT
 Your Position:
State Assemblymember
 > 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: 12 / 6 / 2011
- 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 1% Ownership)
 Schedule A-2 Yes - schedule attached
Investments (1% or Greater Ownership)
 Schedule B Yes - schedule attached
Real Property
 Schedule C Yes - schedule attached
Income, Loans, & Business Positions (through Other than Gifts and Travel Expenditures)
 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 12/28/2010
 Signature (c)(1)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name
Luis Alejo

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
Address (Business Address Acceptable) _____
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/09 ____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> _____	Other
YOUR BUSINESS POSITION _____	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property _____

Description of Business Activity or
City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/09 ____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____	<input type="checkbox"/> Other _____
Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
Address (Business Address Acceptable) _____
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/09 ____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> _____	Other
YOUR BUSINESS POSITION _____	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property _____

Description of Business Activity or
City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/09 ____/____/09
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____	<input type="checkbox"/> Other _____
Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Luis Alejo</u>
--

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

<p>▶ NAME OF SOURCE <u>Gavilan College</u> ADDRESS (Business Address Acceptable) <u>5055 Santa Teresa Blvd, Gilroy, CA</u> CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): <u>11 / 20 / 10 - 11 / 20 / 10</u> AMT: \$ <u>327.40</u> <i>(If applicable)</i> TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: <u>CA Community College League</u> <u>Conference/Award - Air Travel</u></p>	<p>▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <i>(If applicable)</i> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <i>(If applicable)</i> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <i>(If applicable)</i> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>

Comments: _____