

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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BY: KL

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
BLUMENFIELD ROBERT JOEL

1. Office, Agency, or Court

Agency Name  
CA STATE ASSEMBLY  
Division, Board, Department, District, if applicable  
40TH AD  
Your Position  
ASSEMBLYMEMBER

► 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)

- 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.

2011 MAR -1 4:08 PM  
FAIR POLITICAL PRACTICES COMMISSION

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

- 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



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

Date Signed 2/28/11 Signature \_\_\_\_\_  
(month, day, year)

**SCHEDULE A-1**

**Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
BLUMENFIELD

NAME OF BUSINESS ENTITY  
Open Horner Funds & Money Market

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Investment Fund (as single stock)

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

Comments:

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
BLUMENFIELD

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Liberty Hill Foundation</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>2121 Cloverfield Blvd., suite 113</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Santa Monica, CA 90404</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>Wife is Executive Director/CEO on salary</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____ <small>Street address</small>	
_____	_____ <small>City</small>	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____ <small>(Describe)</small>	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>BLUMENFIELD</u>
---

▶ NAME OF SOURCE  
Governor Arnold Schwarzenegger  
 ADDRESS (Business Address Acceptable)  
State Capitol, 1st Floor  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 06 / 10</u>	\$ <u>57.00</u>	<u>StateofState Luncheon</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE  
Family Winemakers of CA  
 ADDRESS (Business Address Acceptable)  
520 Capitol Mall, Ste. 260 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 25 / 10</u>	\$ <u>79.98</u>	<u>Legislative Reception</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE  
The Humane Society of the United States  
 ADDRESS (Business Address Acceptable)  
2100 L St, NW Washington, DC 50037  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 08 / 10</u>	\$ <u>54.78</u>	<u>Legislative Reception</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE  
Entertainment Software Association  
 ADDRESS (Business Address Acceptable)  
575 7th St, NW Ste. 300 Washington, DC 20004  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Software Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 25 / 10</u>	\$ <u>116.61</u>	<u>Dinner Event</u>
<u>05 / 05 / 10</u>	\$ <u>133.36</u>	<u>Reception &amp; Dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE  
Consumer Attorneys Association of Los Angeles  
 ADDRESS (Business Address Acceptable)  
800 W. Sixth St., Suite 700 Los Angeles, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 10</u>	\$ <u>150.00</u>	<u>Annual Installation and Awards Dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE  
Valley Industry and Commerce Association  
 ADDRESS (Business Address Acceptable)  
5121 Van Nuys Blvd, Ste. 203 Sherman Oaks, CA, 91403  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 26 / 10</u>	\$ <u>45.00</u>	<u>Officeholders Dinner</u>
<u>07 / 07 / 10</u>	\$ <u>35.00</u>	<u>Leaders Forum</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE  
Oracle  
 ADDRESS (Business Address Acceptable)  
915 L Street, Ste. C202 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Enterprise Software Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 17 / 10</u>	<u>\$ 120.00</u>	<u>CA Democratic Party</u>
<u>    /    /    </u>	<u>\$          </u>	<u>Fundraising Event</u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>

▶ NAME OF SOURCE  
California Democratic Party  
 ADDRESS (Business Address Acceptable)  
1401 21st Street, Ste. 200 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 19 / 10</u>	<u>\$ 38.52</u>	<u>Breakfast Event</u>
<u>12 / 05 / 10</u>	<u>\$ 84.80</u>	<u>Members Reception</u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>

▶ NAME OF SOURCE  
Val Pac  
 ADDRESS (Business Address Acceptable)  
7033 Owensmouth Ave Canoga Park, CA 91313  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political Action Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 16 / 10</u>	<u>\$ 79.02</u>	<u>Dinner Event</u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>

▶ NAME OF SOURCE  
John A. Perez for Assembly  
 ADDRESS (Business Address Acceptable)  
777 So.Figueroa St. Ste. 4050 Los Angeles, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Assemblymember

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 10</u>	<u>\$ 110.00</u>	<u>Leather portfolio</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: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 BLUMENFIELD

▶ NAME OF SOURCE  
 Armenian Natl. Comm. of America - Western Region  
 ADDRESS (Business Address Acceptable)  
 104 North Belmont St, Ste. 200 Glendale, CA 91206  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 10	\$ 200.00	Annual Banquet
/ /	\$	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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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**

Name  
BLUMENFIELD

- 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  
City of Los Angeles  
 ADDRESS (Business Address Acceptable)  
1400 K Street, Room 208  
 CITY AND STATE  
Sacramento CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Los Angeles Aiport  
 DATE(S): 01 / 31 / 10 - 12 / 31 / 10 AMT: \$ 240.00  
*(if applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Parking and shuttle service for state-related business.

▶ NAME OF SOURCE  
Jewish Federation of Greater Los Angeles  
 ADDRESS (Business Address Acceptable)  
6505 Wilshire Blvd.  
 CITY AND STATE  
Los Angeles, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 DATE(S): 12 / 13 / 10 - 12 / 20 / 10 AMT: \$ 5069.29  
*(if applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Delegation and study trip to Israel.

▶ 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: \_\_\_\_\_

Comments: \_\_\_\_\_