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BY: BJH

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

2011 MAR -1 PM 5:43

CG

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Butler	Betsy	

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable: District 53

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.

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 4

- ☐ **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

Date Signed 3·1·11 *(month, day, year)*

Signature

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Betsy Butler

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)
Chukchansi Economic Devel. Authority	46575 Rd. 417, Bldg. C, Coarsegold, Ca 93614	7/9/10	$ 79.16	Dinner
		7/9/10	$ 180.00	Concert tkts (4)
		/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable) / BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Damon Zumwalt	17101 Superior St., Northridge, Ca 91325	8/7/10	$ 300.00	LA Galaxy ticket, food & beverage
		/ /	$	
		/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable) / BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Chumash Casino Resort	3400 E. Highway 246, Santa Ynez, Ca 93460	8/5/10	$ 110.00	Concert tkts (2)
		8/5/10	$ 150.00	Dinner
		/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable) / BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Pala Casino	11154 Hwy 76, Pala, Ca 92059	10/6/10	$ 80.00	Dinner
		/ /	$	
		/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable) / BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Fred Huebscher	924 - 16th St., Hermosa Beach, Ca 90254	12/6/10	$ 50.00	Flowers
		/ /	$	
		/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable) / BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
David Lesser	111 N. Sepulveda Bl., #250, Manhattan Beach, Ca 90266	12/6/10	$ 50.00	Flowers
		/ /	$	
		/ /	$	

Comments:

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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)
Paula Daniels	13771 Raywood	Los Ang., Ca 90049	12/7/10	$ 50.00	Flowers

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Citizen Hotel	926 J St.	Sacramento, Ca 95814	12/6/10	$ 259.00	gift card

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Juneteenth Celebration	AAVREP, 5471 S. Hillcrest	Los Ang., Ca 90043	6/18/10	$ 100.00	Ticket

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
NAWBO	900 Wilshire Bl., #404	Los Ang., Ca 90017	3/19/10	$ 75.00	Lunch

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:

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Name: Betsy Butler

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

- **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: Institute of Transportation Studies
ADDRESS *(Business Address Acceptable)*: UC Irvine
CITY AND STATE: 4000 Anteater Instruction & Research Bldg., Irvine, CA 92697
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): 10/29/10 - 12/4/10 *(If applicable)* AMT: $ 1650.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
DESCRIPTION: Summarized Center's August forum on transportation

► NAME OF SOURCE:
ADDRESS *(Business Address Acceptable)*:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
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: ☐ 501 (c)(3)
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: ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

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

► NAME OF SOURCE: Jewish Federation
ADDRESS (Business Address Acceptable): 6505 Wilshire Bl.
CITY AND STATE: Los Ang., Ca 90048
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): 12/8/10 - 12/20/10 (If applicable) AMT: $ 4567.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Study trip to Israel

► 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: Institute of Transportation Studies
ADDRESS (Business Address Acceptable): UC Irvine, 4000 Anteater Instruct & Res. Ctr., Irvine Ca 92697
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): 10/27/10 - 12/4/10 (If applicable) AMT: $ 1650.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
DESCRIPTION: Summarized Center's August transportation forum

► 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:

Comments: