

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE



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NAME OF FILER (LAST) (FIRST) (MIDDLE)
CAMPOS NORA E.

1. Office, Agency, or Court

Agency Name

CALIFORNIA STATE ASSEMBLY

Division, Board, Department, District, if applicable

23RD ASSEMBLY DISTRICT

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

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

- Annual: The period covered is January 1, 2010, through December 31, 2010. Leaving Office: Date Left ____/____/____
-or- (Check one)
The period covered is ____/____/____, 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: 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



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

Date Signed 2/28/2011
(month, day, year)

Signature

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Nora Campos

▶ NAME OF SOURCE
League of California Cities - Latino Caucus

ADDRESS (Business Address Acceptable)
770 L Street, Suite 1030 , Sacramento, CA 95874

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 08 / 10</u>	<u>\$ 103</u>	<u>Meal</u>
<u>01 / 09 / 10</u>	<u>\$ 53</u>	<u>Meal</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
City of San Jose - Office of Economic Development

ADDRESS (Business Address Acceptable)
200 E Santa Clara Street, San Jose, CA 95113

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ceremonial Occasion -Cirque du Soleil "Ovo"

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 03 / 10</u>	<u>\$ 95</u>	<u>1 Ticket</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
Santa Clara County Building Trades Council

ADDRESS (Business Address Acceptable)
2102 Almaden Road., Ste 101 San Jose, CA 95125

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 10</u>	<u>\$ 50</u>	<u>1 Ticket/Peaceful</u>
<u> / / </u>	<u>\$</u>	<u>Family Event</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: Refunded Santa Clara County Building Trades Council \$50 for ticket to Peaceful Families Event on 6/19/2010