

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2011 FEB 28 PM 4:25



BY: TE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Fletcher Nathan B

1. Office, Agency, or Court

Agency Name  
CA State Assembly  
Division, Board, Department, District, if applicable  
District 75  
Your Position  
Assemblyman

► 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. -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

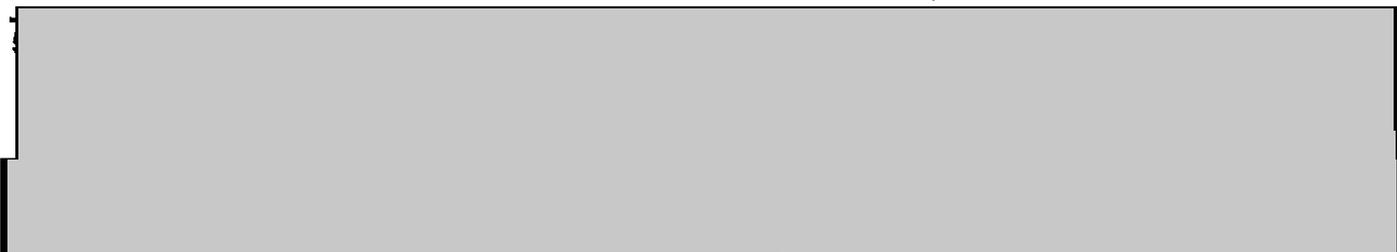
Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- 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 02/28/2011  
(month, day, year)

Signature



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_  
 Fletcher

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>State of California</u>	NAME OF SOURCE OF INCOME <u>Ogilvy Public Relations</u>
ADDRESS (Business Address Acceptable) <u>State Capitol, Room 2130, Sacramento, CA 95814</u>	ADDRESS (Business Address Acceptable) <u>1414 K Street Suite 300 Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Public Relations</u>
YOUR BUSINESS POSITION <u>Assemblymember</u>	YOUR BUSINESS POSITION <u>Senior Advisor</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" 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>	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>

**▶ 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 _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____		
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	
HIGHEST BALANCE DURING REPORTING PERIOD <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		

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Fletcher

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

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>

▶ 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>

▶ 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: \*Reimbursement for Leather Portfolio sent after 30 days.

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

Name \_\_\_\_\_  
 Fletcher

- **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  
San Diego County Regional Airport Authority  
 ADDRESS (Business Address Acceptable)  
P.O. Box 82776  
 CITY AND STATE  
San Diego, CA 92138-2776  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Manage the operations of San Diego International  
 DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 2774.00  
 (if applicable)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \*Airport parking pass (limits do not apply)  
Only used for official legislative 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: \_\_\_\_\_  
 \_\_\_\_\_

▶ 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: \*Only used for official legislative travel

STATE CAPITOL  
P.O. BOX 942849  
SACRAMENTO, CA 94249-0075  
(916) 319-2075  
FAX (916) 319-2175

E-MAIL  
Assemblymember.Fletcher@assembly.ca.gov

# Assembly California Legislature



**NATHAN FLETCHER**  
ASSEMBLYMEMBER, SEVENTY-FIFTH DISTRICT

DISTRICT OFFICE  
9909 MIRA MESA BLVD., SUITE 130  
SAN DIEGO, CA 92131  
(858) 689-6290  
FAX (858) 689-6296

WEBSITE  
<http://www.assembly.ca.gov/fletcher>

## FPPC Form 700

The filer, Nathan Fletcher, had made a good faith effort to identify, value and report all gifts tickets, travel payments, beverages, meals and reimbursements related to travel in connection with speeches, panels seminars, reception or other similar events received during the calendar year of 2010.

The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages.

The filer has relied in part for this tracking system upon the persons and the entities, associations and individuals providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is unintended and inadvertent.

Name: Nathan Fletcher

Date: 02/28/2011

Signature

(c)(1)

RECEIVED

EB

MAR 4 - 2011

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

2011 MAR -7 PM 3:09

BY: (c)(1)

- 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.

NAME OF SOURCE: San Diego County Airport Authority
ADDRESS: P.O. Box 82776
CITY AND STATE: San Diego, CA 92138-2776
BUSINESS ACTIVITY: 501(c)(3)
DATE(S): 01/01/10 - 12/31/10 AMT: \$ 2806.50\*\*
TYPE OF PAYMENT: Gift
DESCRIPTION: \*Airport parking pass (limits do not apply)
Only used for official legislative travel

NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY: 501(c)(3)
DATE(S)
TYPE OF PAYMENT
DESCRIPTION

NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY: 501(c)(3)
DATE(S)
TYPE OF PAYMENT
DESCRIPTION

Verification
Print Name: Nathan Fletcher
Office, Agency or Court: CA State Assembly
Statement Type: 2010/2011 Annual
I have used all reasonable diligence in preparing this statement...
Date Signed: (c)(1) 03/04/2011
Signature: (c)(1)

Comments: \*Only used for official legislative travel. \*\*Corrected amount from previously reported.