



STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION COVER PAGE

FEB 15 2011

Please type or print in ink.

2011 FEB 15 AM 11:07

BY: RG

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gordon Richard S.

1. Office, Agency, or Court

Agency Name
California State Assembly
Division, Board, Department, District, if applicable
21st 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)

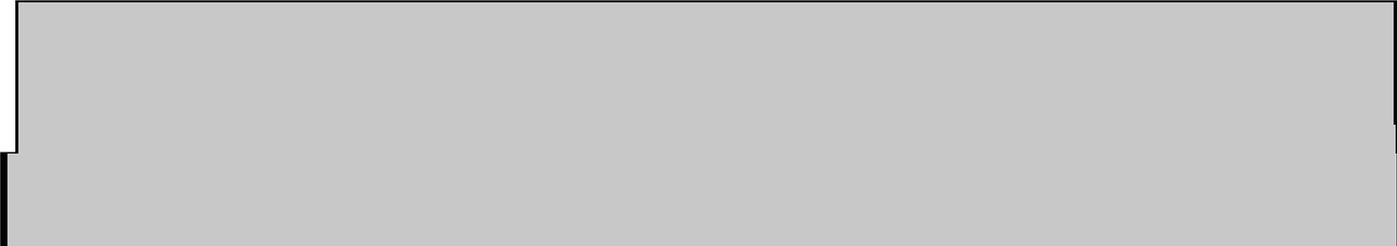
Annual: The period covered is January 1, 2010, through December 31, 2010. Leaving Office: Date Left ____/____/____
-or- (Check one)
The period covered is ____/____/____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
 Assuming Office: Date ____/____/____ 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: 8

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 2/14/11
(month, day, year)

Signature

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

Name
Richard S. Gordon

▶ NAME OF BUSINESS ENTITY
Chevron Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Oil and Gas Production

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
 \$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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
Richard S. Gordon

► STREET ADDRESS OR PRECISE LOCATION
12288 Lake Wildwood Drive
 CITY
Lake Wildwood, CA 95946

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

ACQUIRED / / 10 DISPOSED / / 10

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.
Anna Cooper

► 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

ACQUIRED / / 10 DISPOSED / / 10

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.

* 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

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

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Richard S. Gordon

▶ NAME OF SOURCE
Silicon Valley Association of Realtors
 ADDRESS (Business Address Acceptable)
14400 Stevens Creek #100, Cupertino, CA 95014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Support/Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 4 / 10</u>	\$ <u>150</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Pacific Printing
 ADDRESS (Business Address Acceptable)
2260 Monterey Rd, San Jose, CA 95112
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Printing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 11 / 10</u>	\$ <u>150</u>	<u>Bldg. Trades Event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Bill Cook
 ADDRESS (Business Address Acceptable)
1419 Pescadero Creek Rd, Pescadero, CA 94060
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 6 / 10</u>	\$ <u>150</u>	<u>Rotary Club Event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Lucille Packard Children's Hospital
 ADDRESS (Business Address Acceptable)
725 Welch Road, Palo Alto, CA 94304
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 23 / 10</u>	\$ <u>100</u>	<u>Interfaith Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Joint Venture Silicon Valley
 ADDRESS (Business Address Acceptable)
100 W. San Fernando #310, San Jose, CA 95113
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Regional Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 11 / 10</u>	\$ <u>75</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Community Overcoming Relationship Abuse
 ADDRESS (Business Address Acceptable)
P.O. Box 5090, San Mateo, CA 94402
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Domestic Violence Shelter and Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 20 / 10</u>	\$ <u>150</u>	<u>Wine</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Richard S. Gordon

▶ NAME OF SOURCE
San Mateo Medical Association
 ADDRESS (Business Address Acceptable)
777 Mariners Island #100, San Mateo, CA 94404
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Physician Support and Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 9 / 10</u>	<u>\$ 125</u>	<u>Annual Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Bay Area Council
 ADDRESS (Business Address Acceptable)
200 California #1450, San Francisco, CA 94111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 6 / 10</u>	<u>\$ 95</u>	<u>Annual Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Clean Tech Open
 ADDRESS (Business Address Acceptable)
2395 Broadway, Redwood City, CA 94063
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Clean Technology Education and Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 22 / 10</u>	<u>\$ 347</u>	<u>Conference Reg</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Wells Fargo
 ADDRESS (Business Address Acceptable)
420 Montgomery St, San Francisco, CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 15 / 10</u>	<u>\$ 50</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
San Francisco International Airport
 ADDRESS (Business Address Acceptable)
P.O. Box 8097, San Francisco, CA 94128
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 19 / 10</u>	<u>\$ 66</u>	<u>Parking (2 days)</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Consumer Attorneys
 ADDRESS (Business Address Acceptable)
700 L St, #1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Support and Advocacy for Trial Lawyers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 20 / 10</u>	<u>\$ 175</u>	<u>Dinner</u>
<u>11 / 20 / 10</u>	<u>\$ 175</u>	<u>Dinner for Spouse</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D

Income – Gifts

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Richard S. Gordon

▶ NAME OF SOURCE
San Mateo Labor Council

ADDRESS (Business Address Acceptable)
1153 Chess Dr #200, Foster City, CA 94404

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 3 / 10</u>	<u>\$ 55</u>	<u>Holiday Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
California State Association of Counties

ADDRESS (Business Address Acceptable)
1100 K Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for California Counties

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 6 / 10</u>	<u>\$ 95</u>	<u>Crystal Guitar Trophy</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Pacific Forest/Watershed Lands Stewardship Council

ADDRESS (Business Address Acceptable)
15 N. Ellsworth #100, San Mateo, CA 94401

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 27 / 10</u>	<u>\$ 35</u>	<u>Board Lunch</u>
<u>3 / 25 / 10</u>	<u>\$ 35</u>	<u>Board Lunch</u>
<u>6 / 30 / 10</u>	<u>\$ 35</u>	<u>Board Lunch</u>

▶ NAME OF SOURCE
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st St, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 5 / 10</u>	<u>\$ 84.80</u>	<u>Reception at Stanford</u>
<u> / / </u>	<u>\$</u>	<u>Mansion</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Pacific Forest/Watershed Lands Stewardship Council

ADDRESS (Business Address Acceptable)
15 N. Ellsworth #100, San Mateo, CA 94401

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 18 / 10</u>	<u>\$ 35</u>	<u>Board Lunch</u>
<u>10 / 20 / 10</u>	<u>\$ 35</u>	<u>Board Lunch</u>
<u>10 / 27 / 10</u>	<u>\$ 14</u>	<u>Committee Lunch</u>

▶ NAME OF SOURCE
John A. Perez for Assembly

ADDRESS (Business Address Acceptable)
777 So. Figueroa St, #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of the State Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 10</u>	<u>\$ 110</u>	<u>Embossed Leather</u>
<u> / / </u>	<u>\$</u>	<u>Portfolio</u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
 Borel Private Bank and Trust Company
 ADDRESS (Business Address Acceptable)
 160 Bovet Road, San Mateo, CA 94402
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 10	\$ 120	Dinner
/ /	\$	
/ /	\$	

▶ 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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Richard S. Gordon
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- **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
 California State Association of Counties

ADDRESS (Business Address Acceptable)
 1100 K Street

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Advocacy for California Counties

DATE(S): 1 / 1 / 10 - 12 / 6 / 10 AMT: \$ 129
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel, meals, and lodging for voluntary service as member of the Board of Directors and Executive Committee

▶ 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
 TechNet California

ADDRESS (Business Address Acceptable)
 895 El Camino Real, #250

CITY AND STATE
 Palo Alto, CA 94301

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Advocacy for Tech Industry

DATE(S): 12 / 13 / 10 - 12 / 14 / 10 AMT: \$ 560.04
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Lodging and Meal related to service on a panel at TechNet Policy Planning Conference

▶ 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: _____