

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE



FEB 22 2011

Please type or print in ink.

2011 FEB 23 AM 9:57

BY: FE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hall Isadore N/A

1. Office, Agency, or Court

Agency Name
California State Assembly
Division, Board, Department, District, if applicable
52nd District
Your Position
Assembly Member

► 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- Leaving Office: Date Left ____/____/____ (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."
- 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
- Total number of pages including this cover page: 3
- 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
(c)(1)

Date Signed 2/21/2011
(month, day, year)

SCHEDULE D
Income – Gifts

Name _____

▶ NAME OF SOURCE
Grand Prix Association of Long Beach
 ADDRESS (Business Address Acceptable)
3000 Pacific Ave., Long Beach, CA 90806
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment/Sports

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 8 / 10</u>	<u>\$ 450.00</u>	<u>One-day Pass/Suite**</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Chukchansi Economic Development Authority
 ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg. C, Coarsegold, CA 93614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Affairs/Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 9 / 10</u>	<u>\$ 387.24</u>	<u>Concert tickets/Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
DIAGEO
 ADDRESS (Business Address Acceptable)
1101 38th St., Sacramento, CA 95816
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Alcohol/Beverage Distributor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 30 / 10</u>	<u>\$ 209.18</u>	<u>Lunch, Spirits</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Toyota Motor North America, Inc.
 ADDRESS (Business Address Acceptable)
601-13th St. NW-Ste 910 South, Washington, DC 20
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail/Sales

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 26 / 10</u>	<u>\$ 317.42</u>	<u>Lakers Game Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Democratic Party
 ADDRESS (Business Address Acceptable)
1401 21st St., Ste 200, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 5 / 10</u>	<u>\$ 84.80</u>	<u>Reception</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 S. Figueroa St., #4050, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 10</u>	<u>\$ 110.00</u>	<u>Leather Portfolio</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: **My Personal Check in the amount of \$30.00 was submitted to the Grand Prix Association of L.B.

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Isadore Hall, III
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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 Independent Voter Project

ADDRESS (Business Address Acceptable)
 2350 Kerner Blvd., Suite 250

CITY AND STATE
 San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Social Welfare, IRC(c)(4) organization

DATE(S): 11 / 14 / 10 - 11 / 18 / 10 AMT: \$ 2,116.90
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Accommodations, Meal & Beverages in connection with making a speech, which is not subject to gift limits.

▶ 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: _____

RECEIVED

EB

JAN 19 2012

BY: [Signature]

RECEIVED
FAIR POLITICAL
SCHEDULED COMMISSION
Income Gifts
2012 JAN 19 PH 4: 04

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE
Senator Noreen Evans

ADDRESS (Business Address Acceptable)
1303 - 10th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative/Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 13 / 10</u>	<u>\$ 50.00</u>	<u>Bottle of wine</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Majestic Realty Company

ADDRESS (Business Address Acceptable)
3191 Crossroads Pkwy N #6, Industry, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Realty

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 15 / 10</u>	<u>\$ 420.00</u>	<u>Basketball Tickets</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>

Verification

Print Name J. SADORE HALL

Office, Agency or Court

Statement Type 2010/2011 Annual Assuming Leaving
 Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Sig (c)(1) 1/19/2012
by, year

Signature [Redacted]

Comments: _____

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 FAIR POLITICAL
 PRACTICES COMMISSION
 2012 JAN 19 PM 4:04

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Realty

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 15 / 10	\$ 420.00	Basketball Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Verification

Print Name ISADORE HALL, JR.

Office, Agency or Court _____

Statement Type 2010/2011 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date (c)(1) _____
 Signature _____ _____

