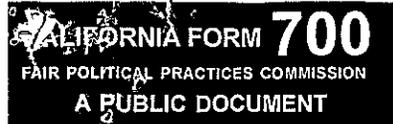


Amendment



STATEMENT OF ECONOMIC INTERESTS

RECEIVED Date Received Official Use Only

COVER PAGE

MAR - 1 2011



2011 MAR - 1 PM 5:44

BY: fe

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Huber Alyson L

1. Office, Agency, or Court

Agency Name
California State Legislature
Division, Board, Department, District, if applicable
Assembly District 10
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)

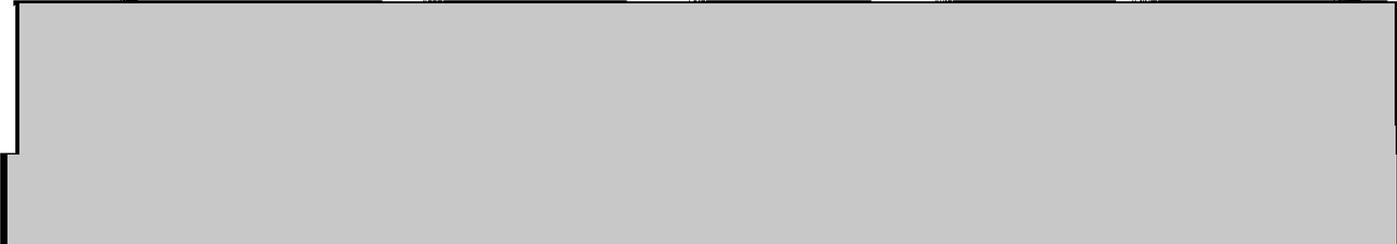
- State
Multi-County
City of
Judge (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2010, through December 31, 2010.
Leaving Office: Date Left
Assuming Office: Date
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: 2
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
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 3/1/2011
(month, day, year)

Signature

▶ NAME OF SOURCE
 California American Water

ADDRESS (Business Address Acceptable)
 47021 Beloit Street, Sacramento, CA 95838

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Senator Darrell Steinberg's Roast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 1 / 10	\$ 200.00	Dinner & beverage
/ /	\$	
/ /	\$	

▶ 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: Amendment to my form 700 (added an additional item to report)

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

Name

Alyson L. Huber

▶ NAME OF BUSINESS ENTITY
Citigroup, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking

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 3 / 10 / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
EMC, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Data Storage Devices

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 7 / 13 / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Taiwan Semiconductor Manufacturing Co. Ltd

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
R & D IC related products

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:
2 / 4 / 10 11 / 30 / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Proctor & Gamble

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Personal Products

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 12 / 16 / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Premier Power Renewable Energy, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Solar Energy Solutions

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:
7 / 9 / 10 9 / 3 / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Johnson & Johnson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Drug Manufacturer

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 A-1
Investments**

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

Do not attach brokerage or financial statements.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <u>Alyson L. Huber</u></p>
--

▶ NAME OF BUSINESS ENTITY
Goldcorp, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Gold

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:
12 / 08 / 09 6 / 28 / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Hewlett Packard Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology Products

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:
11 / 30 / 10 _____ / ____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cosan Ltd.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Ethanol and Sugar

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:
11 / 30 / 10 _____ / ____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Aixtron

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Semiconductor industry supplier

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:
11 / 30 / 10 _____ / ____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Abbott Laboratories

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Healthcare products

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:
11 / 30 / 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 A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Alyson L. Huber

▶ 1. BUSINESS ENTITY OR TRUST

Law Offices of Timothy T. Huber
 Name
4359 Town Center Blvd., Suite 210, EDH CA
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Law Practice

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

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____
 YOUR BUSINESS POSITION Community Property Interest ^{Other}

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

Chem West, Inc., Kent Hallmeyer, Andrea D'Anna, Bay
Cities Recovery, Inc., Paul D. Doerr,

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

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

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

EDHLG, LLC
 Name
4359 Town Center Blvd., Suite 210, EDH CA
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Master Tenant

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 6/29/10 _____/_____/10
 \$10,001 - \$100,000 _____/_____/10 _____/_____/10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership LLC
 YOUR BUSINESS POSITION Community Property Interest ^{Other}

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

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

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Alyson L. Huber

▶ NAME OF SOURCE
California Tribal Alliance
 ADDRESS (Business Address Acceptable)
1530 J Street, Suite 250, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 12 / 10</u>	<u>\$ 92.68</u>	<u>Food & beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Tony Mansour
 ADDRESS (Business Address Acceptable)
4364 Town Center Blvd, Suite 213, El Dorado Hills
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meeting/Gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 2 / 10</u>	<u>\$ 20.00</u>	<u>Food & beverage</u>
<u>8 / 6 / 10</u>	<u>\$ 150.00</u>	<u>Bottle of wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Family Winemakers of California
 ADDRESS (Business Address Acceptable)
520 Capitol Mall, Suite 260, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 25 / 10</u>	<u>\$ 79.98</u>	<u>Food & beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Daniel W. Hancock
 ADDRESS (Business Address Acceptable)
925 L Street, Suite 805, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 24 / 10</u>	<u>\$ 76.11</u>	<u>Food & beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Tony Mansour
 ADDRESS (Business Address Acceptable)
4364 Town Center Blvd, Suite 213, El Dorado Hills
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 10</u>	<u>\$ 150.00</u>	<u>Food & beverage</u>
<u>2 / 4 / 10</u>	<u>\$ 71.91</u>	<u>Food & beverage</u>
<u>4 / 1 / 10</u>	<u>\$ 20.00</u>	<u>Food & beverage</u>

▶ NAME OF SOURCE
Fritz Grupe
 ADDRESS (Business Address Acceptable)
16175 North Ray Road, Lodi, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meeting/Gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 14 / 21</u>	<u>\$ 5.00</u>	<u>Bottle of olive oil</u>
<u>7 / 14 / 10</u>	<u>\$ 50.00</u>	<u>Food & beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Alyson L. Huber

▶ NAME OF SOURCE
 California Democratic Party
 ADDRESS (Business Address Acceptable)
 1401 21 Street, Suite 200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 17 / 10	\$ 38.52	Food & beverage
12 / 5 / 10	\$ 84.80	Food & beverage
____ / ____ / ____	\$ _____	_____

▶ 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
 El Dorado Hills Chamber of Commerce
 ADDRESS (Business Address Acceptable)
 2085 Vine Street, Suite 105, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 District Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 4 / 10	\$ 50.00	Food & beverage
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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
 Speaker John A. Perez
 ADDRESS (Business Address Acceptable)
 777 South Figueroa Street, Suite 4050, Los Angeles
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 6 / 10	\$ 110.00	Leather portfolio
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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 Alyson L. Huber
--

- 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
Pacific Policy Research Foundation
 ADDRESS (Business Address Acceptable)
101 Parkshore Drive, Suite 100
 CITY AND STATE
Folsom, CA 95630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Legislative Panel Discussion
 DATE(S): 11 / 8 / 10 - 11 / 11 / 10 AMT: \$ 543
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Food & beverage for conference and speaking events.

▶ NAME OF SOURCE
California Small Business Roundtable
 ADDRESS (Business Address Acceptable)
P.O. Box 661235
 CITY AND STATE
Los Angeles, CA 90066
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Legislator of the Year Award
 DATE(S): 11 / 7 / 10 - 11 / 8 / 10 AMT: \$ 254.61
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Hotel accommodation, food & beverage

▶ NAME OF SOURCE
California Applicants' Attorney Association
 ADDRESS (Business Address Acceptable)
1303 J Street, Suite 420
 CITY AND STATE
Sacramento, CA 965814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Legislative Panel discussion
 DATE(S): 6 / 25 / 10 - 6 / 26 / 10 AMT: \$ 341.55
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Hotel accommodation & dinner

▶ NAME OF SOURCE
California Issues Forum
 ADDRESS (Business Address Acceptable)
1717 I Street
 CITY AND STATE
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
New Democrat Members Forum
 DATE(S): 12 / 13 / 10 - 12 / 14 / 10 AMT: \$ 505.00
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Hotel accommodation, food & beverage

Comments: _____