

STATEMENT OF ECONOMIC INTERESTS

RECEIVED

Date Received
Official Use Only

COVER PAGE **TM**

MAR - 1 2011

BY: BJH

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Logue Daniels R

1. Office, Agency, or Court

Agency Name
California State Assembly
Division, Board, Department, District, if applicable Your Position
3rd District Member of the Assembly

► 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 _____ (Check one)
-or-
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: 10**

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



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

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

Signature

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name _____
 Logue _____

► STREET ADDRESS OR PRECISE LOCATION
6072 Park Ave
 CITY
Marysville, CA 95901

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

IF APPLICABLE, LIST DATE:
 _____/_____/10 _____/_____/10
 ACQUIRED DISPOSED

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.

► STREET ADDRESS OR PRECISE LOCATION
4848 & 4850 Western Ave
 CITY
Olivehurst, CA 95961

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

IF APPLICABLE, LIST DATE:
 _____/_____/10 _____/_____/10
 ACQUIRED DISPOSED

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.
Reassessed by Yuba County increasing value

* 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*
Otto Speckert
 ADDRESS (Business Address Acceptable)
Poly Comp Trust Co, 3000 LavaRidge Ct. Rsvl, CA
 BUSINESS ACTIVITY, IF ANY, OF LENDER
Private Individual

INTEREST RATE TERM (Months/Years)
13 % None 5 years

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*
Otto Speckert
 ADDRESS (Business Address Acceptable)
5242 Madden Ave, Live Oak, CA 95953
 BUSINESS ACTIVITY, IF ANY, OF LENDER
Private Individual

INTEREST RATE TERM (Months/Years)
13 % None 5 years

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 OF SOURCE
California Tribal Business Alliance
 ADDRESS (Business Address Acceptable)
1530 J St, Suite 250, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Back to Session Bash

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 12 / 10</u>	<u>\$ 92.68</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
Wine Institute
 ADDRESS (Business Address Acceptable)
915 L St, Suite 1400, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Legislative Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 08 / 10</u>	<u>\$ 57.49</u>	<u>Food</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
Northern California Water Association
 ADDRESS (Business Address Acceptable)
455 Capitol Mall, Suite 335, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 10</u>	<u>\$ 220.22</u>	<u>Framed Poster</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
John A. Perez - Speaker of the Assembly
 ADDRESS (Business Address Acceptable)
State Capitol
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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>

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

 Logue

- **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
 Connect

ADDRESS (Business Address Acceptable)
 8950 Villa La Jolla Dr. Suite A-124

CITY AND STATE
 La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Public Policy Committee presentation

DATE(S): 07 / 27 / 10 - 07 / 27 / 10 AMT: \$ 195.70
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Half of Airfare expense to attend and speak @ Connect's public policy 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

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: _____

STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0003
(916) 319-2003
FAX (916) 319-2103

DISTRICT OFFICE
1550 HUMBOLDT ROAD, SUITE 4
CHICO, CA 95928
(530) 895-4217
FAX (530) 895-4219

EMAIL

assemblymember.logue@assembly.ca.gov

Assembly
California Legislature



DAN LOGUE
CHIEF REPUBLICAN WHIP
ASSEMBLYMEMBER, THIRD DISTRICT

COMMITTEES
VICE CHAIR: ELECTIONS AND
REDISTRICTING
VICE CHAIR: HEALTH
BUDGET
BUDGET SUBCOMMITTEE #4
ON STATE ADMINISTRATION
TRANSPORTATION

March 1st, 2011

Re: FPPC filing

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the calendar year. 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 entities 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 inadvertent.