

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name FRONIA MA

▶ NAME OF BUSINESS ENTITY
Intel
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology
 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 12/2/10
 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
Aetna
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Health Insurance Provider
 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
EEM
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Emerging Markets Index Fund
 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 D
Income – Gifts

▶ NAME OF SOURCE
San Mateo County Central Council
ADDRESS (Business Address Acceptable)
1153 Chess Dr., Ste 200, Foster City, CA 94404
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Council

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 09 / 10</u>	<u>\$ 50.00</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
ESA Entertainment Software Association
ADDRESS (Business Address Acceptable)
575 7th Ave., NW, Ste. 300, Wash DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment Software

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 05 / 10</u>	<u>\$ 135.36</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Consumer Specialty Products Association
ADDRESS (Business Address Acceptable)
900 17th St., NW, Ste 30, Wash. DC 20006
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Specialty Products Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 01 / 10</u>	<u>\$ 57.51</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Wells Fargo Bank
ADDRESS (Business Address Acceptable)
45 Fremont St., 26th Floor., San Francisco, CA 9510
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking/Finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 01 / 10</u>	<u>\$ 200.00</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CA Beer and Beverage Distributors
ADDRESS (Business Address Acceptable)
1415 L St., Ste 890, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverage Distributors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 24 / 10</u>	<u>\$ 97.26</u>	<u>MEAL EXPENSE</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Delmar Thoroughbred Club
ADDRESS (Business Address Acceptable)
P.O. Box 700, Delmar, CA 92014
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Horse Racing Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 25 / 10</u>	<u>\$ 275.00</u>	<u>Meal/admission/prking</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Yum Brands Inc
 ADDRESS (Business Address Acceptable)
1441 Gardiner Lane, Louisville, KY 40123
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurant Chain

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 10</u>	<u>\$ 39.04</u>	<u>Meal Expense</u>
<u>07 / 26 / 10</u>	<u>\$ 29.20</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Cathleen Galgiani for Assembly 2010
 ADDRESS (Business Address Acceptable)
1852 W Eleventh St., Tracy, CA 95376
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative mtg w/French High Speed Rail Delegation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 04 / 10</u>	<u>\$ 351.71</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Black Eagles Wines
 ADDRESS (Business Address Acceptable)
1818 L St., Ste 713, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Vintners

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 25 / 10</u>	<u>\$ 65.00</u>	<u>Wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CGI Business Solutions
 ADDRESS (Business Address Acceptable)
1215 K St., Ste. 1000, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 24 / 10</u>	<u>\$ 97.26</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Equality California
 ADDRESS (Business Address Acceptable)
2370 Market St., 2nd Fl., San Francisco, CA 94114
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 03 / 10</u>	<u>\$ 100.00</u>	<u>Gala Ticket/Charity</u>
<u> / / </u>	<u>\$ </u>	<u>benefit</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Issues Forum
 ADDRESS (Business Address Acceptable)
1717 "I" St., Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 13 / 10</u>	<u>\$ 195.00</u>	<u>Meal Expense/seminar</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
FIONA MA

▶ NAME OF SOURCE
Studex Corporation
 ADDRESS (Business Address Acceptable)
521 Rosecrans Ave., Gardina, CA 90248
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Jewelry Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 07 / 10</u>	<u>\$ 39.99</u>	<u>box of cigars</u>
<u>09 / 01 / 10</u>	<u>\$ 76.00</u>	<u>Souvenir</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
The Walt Disney Company
 ADDRESS (Business Address Acceptable)
500 So Buena Vista, Burbank, CA 91521
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 22 / 10</u>	<u>\$ 332.00</u>	<u>Intermediary for Gina</u>
<u> / / </u>	<u>\$</u>	<u>Frisby, Staffer</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
TYCO International
 ADDRESS (Business Address Acceptable)
607 14th St., NW, Wash. DC 20005
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electronics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 17 / 10</u>	<u>\$ 93.11</u>	<u>Meal Expense</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
John A. Perez for Assembly
 ADDRESS (Business Address Acceptable)
777 So figueroa St., Ste 4050, LA, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Perez for Assembly

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>

Comments: _____

SCHEDULE D
Income – Gifts

Name
FIONA MA

▶ 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 Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 10</u>	<u>\$ 84.80</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Grape and Fruit Tree League
 ADDRESS (Business Address Acceptable)
978 W Alluvial, Ste. 107, Fresno, CA 93711
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Growers Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 25 / 10</u>	<u>\$ 10.00</u>	<u>Fruit Tin</u>
<u>02 / 17 / 10</u>	<u>\$ 59.10</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Poultry Federation
 ADDRESS (Business Address Acceptable)
4640 Spyres Way, Ste. 4, Modesto, CA 95636
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Poultry Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 09 / 10</u>	<u>\$ 223.13</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
1095 Barona Rd., Lakeside, CA 92040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Native American Tribal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 04 / 10</u>	<u>\$ 58.87</u>	<u>Meal Expense</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Tribal Business Alliance
 ADDRESS (Business Address Acceptable)
1530 J St., Ste. 400, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 12 / 10</u>	<u>\$ 92.68</u>	<u>Meal Expense</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
FIONA MA

- 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
Aspen Institute Rodel Fellowship in Public Leadership
 ADDRESS (Business Address Acceptable)
One Dupont Circle, NW, 7th Fl
 CITY AND STATE
Washington, DC 20036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Educational Seminar for elected officials
 DATE(S): 11 / 18 / 10 - 11 / 22 / 10 AMT: \$ 2,912.30
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Assemblywoman Ma is a Rodel Fellow.
educational seminars on public
issues/meals/travel/accommodations

▶ NAME OF SOURCE
Aspen Institute Rodel Fellowship in Public Leadership
 ADDRESS (Business Address Acceptable)
One Dupont Circle, NW, 7th Fl
 CITY AND STATE
Washington, DC 20036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Educational Seminar for elected officials
 DATE(S): 01 / 14 / 10 - 01 / 18 / 10 AMT: \$ 3,127.28
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Assemblywoman Ma is a Rodel Fellow.
educational seminars on public
issues/meals/travel/accommodations

▶ NAME OF SOURCE
CA Council for Environmental & Economic Balance
 ADDRESS (Business Address Acceptable)
100 Spear St., Ste. 805
 CITY AND STATE
San Francisco, CA 94105
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
California business/environmental issues organization
 DATE(S): 07 / 18 / 10 - 07 / 19 / 10 AMT: \$ 318.43
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Guest speaker/meals/accommodations

▶ NAME OF SOURCE
State Legislative Leaders Foundation
 ADDRESS (Business Address Acceptable)
1645 Falmouth Road
 CITY AND STATE
Centerville, MA 02632
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Non-partisan legislative education foundation
 DATE(S): 09 / 30 / 10 - 10 / 02 / 10 AMT: \$ 1,682.03
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Assemblywoman Ma serves on Board of
Directors. Leadership training,
travel/food/accommodations

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name: FIONA MA

- 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
Klamath Alliance for Resources & Environment
 ADDRESS (Business Address Acceptable)
P.O. Box 1234
 CITY AND STATE
Yreka, CA 96097
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
preservation of natural resources organization
 DATE(S): 05 / 13 / 10 - 05 / 14 / 10 AMT: \$ 966.32
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: travel/accommodations/meals. Fact finding tour.

▶ NAME OF SOURCE
Women In Government
 ADDRESS (Business Address Acceptable)
1319 F St., NW, Ste. 710
 CITY AND STATE
Washington, DC 20004
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Nonpartisan legislative education for elected officials
 DATE(S): 01 / 07 / 10 - 01 / 09 / 10 AMT: \$ 977.20
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Assemblywoman Ma serves on Board of Directors. Guest speaker. Travel/accommodations/meals

▶ NAME OF SOURCE
California Foundation Environment & Economy
 ADDRESS (Business Address Acceptable)
Pier 35, Ste 202
 CITY AND STATE
San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Environmental research/education
 DATE(S): 04 / 29 / 10 - 04 / 30 / 10 AMT: \$ 341.43
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Guest speaker. Accommodations/meals

▶ 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

APR 26 2011

BY: [Signature]



SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ NAME OF SOURCE
22nd District Agricultural Association

ADDRESS (Business Address Acceptable)
2260 Jimmy Durante Blvd, Del Mar, CA 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE
District agricultural association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 8 / 10	\$ 17.48	Food and Beverage
7 / 21 / 10	\$ 46.68	Food and 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)
	\$	
	\$	
	\$	

RECEIVED
 FAIR POLITICAL
 PRACTICES
 COMMISSION
 APR 27 11 AM 3:47

Verification

Print Name Assemblymember Fiona Ma

Office, Agency or Court California State Assembly, 12th District

Statement Type 2010/2011 Annual Assuming Leaving
 ^(yr) 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 Signed ^{(d)(5)} 4/25/11

Signature ^{(d)(5)} [Redacted]

Comments: _____