

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mendoza Tony

1. Office, Agency, or Court

Agency Name
California State Assembly
Division, Board, Department, District, if applicable
56th Assembly District
Your Position
Member of the California State 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 ____/____/____
-or- (Check one)
The period covered is ____/____/____, through December 31, 2010.
 - The period covered is January 1, 2010, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.
- Assuming Office: Date ____/____/____
- Candidate: Election Year _____ Office sought, if different than Part 1: _____

2011 MAR -1 PM 5:51
FAIR POLITICAL PRACTICES COMMISSION

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 10

- 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

-or-

None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that the information and in any attached schedules is true and complete. I acknowledge this is a public document.

Date Signed 3/1/11
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
Sony Mendonça

▶ NAME OF SOURCE
Specialty Equipment Market Association
ADDRESS (Business Address Acceptable)
1317 F Street, NW #500, Washington, DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Automotive source for research, data, etc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 03 / 10</u>	<u>\$ 65.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Issues Reform
ADDRESS (Business Address Acceptable)
1717 I Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
New Moderate Democrats

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 21 / 10</u>	<u>\$ 105.34</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Shun Yun Performing Arts
ADDRESS (Business Address Acceptable)
9550 Flair Drive, #112, El Monte, CA 91731
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 06 / 10</u>	<u>\$ 198.00</u>	<u>Concert Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
City of Los Angeles
ADDRESS (Business Address Acceptable)
1400 K Street, #208, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 31 / 10</u>	<u>\$ 310.00</u>	<u>Annual airport parking</u>
<u> / / </u>	<u>\$ </u>	<u>and shuttle costs</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California BioMedical Industry
ADDRESS (Business Address Acceptable)
1020 Prospect Street, #310, La Jolla 92037
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 10</u>	<u>\$ 205.30</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
City of Anaheim
ADDRESS (Business Address Acceptable)
200 S. Anaheim Blvd., Anaheim, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 10</u>	<u>\$ 400.00</u>	<u>baseball game tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Jony Mendoza

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

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

▶ NAME OF SOURCE
Southern California LEAD Foundation
 ADDRESS (Business Address Acceptable)
C/O Durkee & Assoc, 1212 S. Victory Blvd, Burbank
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit Youth Leadership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 19 / 10</u>	<u>\$ 150.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Consumer Attorneys
 ADDRESS (Business Address Acceptable)
800 W. Sixth Street, #700, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 10</u>	<u>\$ 110.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Southern California Edison
 ADDRESS (Business Address Acceptable)
1201 K Street, #1810, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 16 / 10</u>	<u>\$ 194.00</u>	<u>Basketball game ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
State Farm Insurance
 ADDRESS (Business Address Acceptable)
1201 K Street, #920, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 10</u>	<u>\$ 80.48</u>	<u>Reception</u>
<u>07 / 12 / 10</u>	<u>\$ 290.00</u>	<u>Baseball Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Minorities in Law Enforcement
 ADDRESS (Business Address Acceptable)
925 L Street, #1500, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 395.00</u>	<u>Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Louy Mendosa

▶ NAME OF SOURCE
Governor's Cup Foundation
 ADDRESS (Business Address Acceptable)
1415 L Street, #410, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy Research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 60.00</u>	<u>Lunch*</u>
<u>07 / 23 / 10</u>	<u>\$ 351.00</u>	<u>Reception*</u>
<u>07 / 24 / 10</u>	<u>\$ 60.00</u>	<u>Breakfast*</u>

▶ NAME OF SOURCE
Governor's Cup Foundation
 ADDRESS (Business Address Acceptable)
1415 L Street, #410, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 182.00</u>	<u>Reception*</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
California Correctional Peace Officers Association
 ADDRESS (Business Address Acceptable)
755 Riverside Dr., West Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Corrections

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 100.00</u>	<u>Golf Bag</u>
<u>07 / 24 / 10</u>	<u>\$ 121.00</u>	<u>2- Golf Irons</u>
<u>07 / 24 / 10</u>	<u>\$ 55.00</u>	<u>US Open Blanket</u>

▶ NAME OF SOURCE
California Correctional Peace Officers Association
 ADDRESS (Business Address Acceptable)
755 Riverside Dr., West Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Corrections

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 50.00</u>	<u>Spa Bag</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Lily, USA
 ADDRESS (Business Address Acceptable)
1215 K Street., #1500, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Supplier

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 363.00</u>	<u>6- Golf Irons</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Coalition for a Safer California
 ADDRESS (Business Address Acceptable)
1020 12th Street, #408, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 115.00</u>	<u>US Open Jacket</u>
<u>07 / 24 / 15</u>	<u>\$ 150.00</u>	<u>US Open Gift Box</u>
<u>07 / 24 / 10</u>	<u>\$ 25.00</u>	<u>Golf Glove</u>

Comments: * Not subject to annual gift limit due to participation in a Panel Discussion, pursuant to Government Code Section 89506

**SCHEDULE D
Income – Gifts**

Name

Tony Mendoza

▶ NAME OF SOURCE
Coalition for a Safer California

ADDRESS (Business Address Acceptable)
1020 12th Street, #408, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 10</u>	<u>\$ 60.00</u>	<u>Wine</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 Street, #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>Reception</u>
<u>08 / 19 / 10</u>	<u>\$ 38.52</u>	<u>Breakfast</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Cedar Fair Entertainment Company

ADDRESS (Business Address Acceptable)
One Cedar Point Drive, Sandusky, OH 44870-5259

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment/Amusement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 26 / 10</u>	<u>\$ 240.00</u>	<u>2 - Annual Theme</u>
<u> / / </u>	<u>\$ </u>	<u>Park Passes</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Black Eagle Wine

ADDRESS (Business Address Acceptable)
1818 L Street, #713, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Latino Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 08 / 10</u>	<u>\$ 65.00</u>	<u>2 bottles of wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Knott's Berry Farm

ADDRESS (Business Address Acceptable)
8039 Beach Blvd, Buena Park, CA 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Amusement/Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 24 / 10</u>	<u>\$ 112.00</u>	<u>2 - Admission Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Mark Twain Club

ADDRESS (Business Address Acceptable)
POB 6255 Whittier, CA 90609

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 02 / 10</u>	<u>\$ 85.00</u>	<u>X-Mas Gift Basket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Jony Mendoga

▶ NAME OF SOURCE
Hawaiian Gardens Club
 ADDRESS (Business Address Acceptable)
11871 Carson Street, Hawaiian Gardens, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 28 / 10</u>	<u>\$ 189.00</u>	<u>2 - Basketball Tickets</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 Street, #4050, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee

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>

▶ 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 <u>Jony Mendonza</u>

- 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 Issues Forum
 ADDRESS (Business Address Acceptable)
1717 I Street
 CITY AND STATE
Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
New Moderate Democrats
 DATE(S): 12 / 13 / 10 - 12 / 14 / 10 AMT: \$ 1,201.40
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Travel Lodging and food.

▶ NAME OF SOURCE
Governor's Cup Foundation
 ADDRESS (Business Address Acceptable)
1415 L Street, #410
 CITY AND STATE
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Public Policy Research
 DATE(S): 07 / 23 / 10 - 07 / 25 / 10 AMT: \$ 1,390.00
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Hotel accomodations

▶ NAME OF SOURCE
Specialty Equipment Market Association
 ADDRESS (Business Address Acceptable)
1317 F Street, NW #500
 CITY AND STATE
Washington, D.C.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Automotive source for research, data, etc.
 DATE(S): 11 / 02 / 10 - 11 / 03 / 10 AMT: \$ 330.00
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Hotel Accommodations

▶ 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: _____