

STATEMENT OF ECONOMIC INTERESTS

RECEIVED

Date Received  
Official Use Only

MAR - 1 2011



COVER PAGE

2011 MAR -1 PM 5:44

BY: Yo

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
NESTANDE BRIAN KEN

1. Office, Agency, or Court

Agency Name

CALIFORNIA STATE ASSEMBLY

Division, Board, Department, District, if applicable

DISTRICT 64

Your Position

ASSEMBLYMAN

▶ 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)
- Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is January 1, 2010, through the date of leaving office.
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

4. Schedule Summary

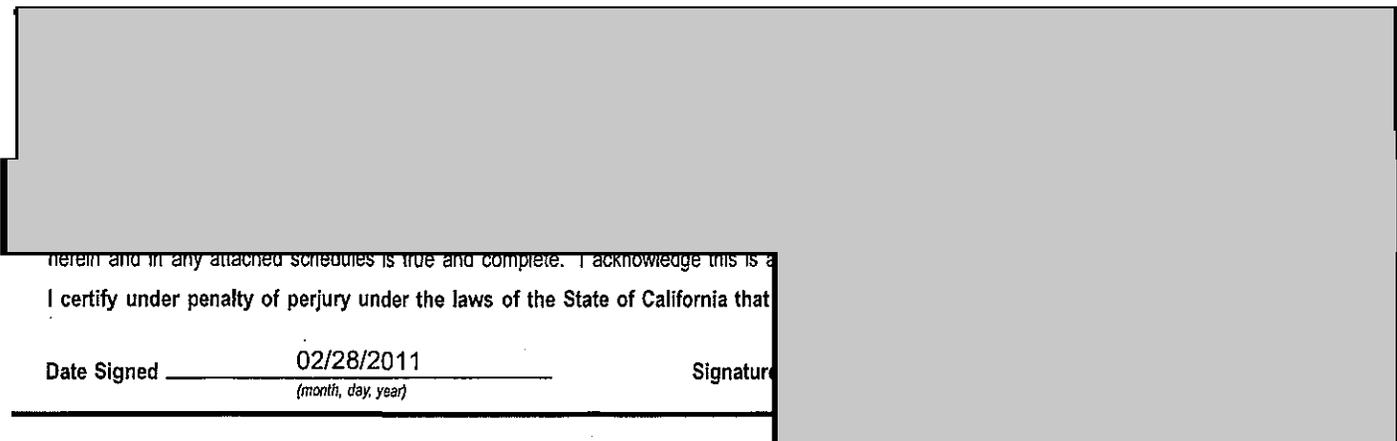
Check applicable schedules or "None."

▶ Total number of pages including this cover page: 6

- 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



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 02/28/2011  
(month, day, year)

Signature

**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

**BRIAN NESTANDE**

▶ NAME OF BUSINESS ENTITY  
**STONE HAVEN DEVELOPMENT**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**HOUSING DEVELOPMENT**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT **Pay interest for work done**  
 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

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

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

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

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  
Barona Band of Mission INdians  
 ADDRESS (Business Address Acceptable)  
1095 Barona Rd, Lakeside CA 92040  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dinner Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 16 / 10</u>	<u>\$ 27.75</u>	<u>Food and Beverage</u>
<u>09 / 14 / 10</u>	<u>\$ 56.25</u>	<u>Food and Beverage</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
John A. Perez  
 ADDRESS (Business Address Acceptable)  
777 South Figueroa Street, Ste 4050, LA, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Gift

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  
San Manual Band of Mission INdians  
 ADDRESS (Business Address Acceptable)  
26569 Community Center Dr., Highland CA 92346  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Swearing in Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 10</u>	<u>\$ 26.66</u>	<u>Food and Beverage</u>
<u>12 / 06 / 10</u>	<u>\$ 26.66</u>	<u>Food &amp; Beverage Wife</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
CHI California Healthcare Institute  
 ADDRESS (Business Address Acceptable)  
1020 Prospect St, Suite 310, La Jolla, CA 92037  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CHI CA Biomeical Industry Report Lunch

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 10</u>	<u>\$ 205.30</u>	<u>Food &amp; Beverage</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
California Tribal Business Alliance  
 ADDRESS (Business Address Acceptable)  
1530 J Street, Suite 400, 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>Food &amp; Beverage</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Joe A Gonsalves & Son  
 ADDRESS (Business Address Acceptable)  
925 L Street, Suite 250, SAcramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 17 / 10</u>	<u>\$ 75.31</u>	<u>Food &amp; Bev for Wife</u>
<u>08 / 17 / 10</u>	<u>\$ 10.00</u>	<u>Food &amp; Beverage</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
Brian Nestande

▶ NAME OF SOURCE  
Southern California Edison  
 ADDRESS (Business Address Acceptable)  
PO Box 800/ 2244 Walnut Gry/ Rosemead CA 91770  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 23 / 10</u>	\$ <u>73.65</u>	<u>Food &amp; Beverage</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  
WRCOG - Western Riverside Council of Government  
 ADDRESS (Business Address Acceptable)  
4080 Lemon Street, Riverside CA 92501  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

**GIFT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 24 / 10</u>	\$ <u>75.00</u>	<u>Ticket Comp</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**

Name  
 Brian Nestande

- **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  
Edvoice  
 ADDRESS (Business Address Acceptable)  
1107 Ninth Street, Suite 680  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 07 / 22 / 10 - 07 / 23 / 10 AMT: \$ 596.06  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Air Travel: \$241.00/ Lodging \$ 170.00/ Meals/\$185.00 = \$ 596.06

▶ NAME OF SOURCE  
ONT International Airport  
 ADDRESS (Business Address Acceptable)  
1940 East Moore Way Room 200  
 CITY AND STATE  
Ontario, CA 91761  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 1,540.00  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Official Business Travel from ONT - SMF

▶ 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: \_\_\_\_\_