



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Perea Henry T

1. Office, Agency, or Court

Agency Name
CA State Assembly
Division, Board, Department, District, if applicable
31st Assembly District
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 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-
The period covered is _____ through December 31, 2010.
- Assuming Office: Date _____
- Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 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: 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
- or-
 None - No reportable interests on any schedule

[Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I have reviewed it herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that

Date Signed 03/02/11
(month, day, year)

Signature

RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION
SCHEDULE D
 Income - Gifts
 2011 MAR -3 PM 5:01
 EB

▶ NAME OF SOURCE
 Chuckchansi Economic Development Authority
 ADDRESS (Business Address Acceptable)
 46575 Road 417, Bldg. C, Coarsegold, CA 93614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 20 / 10	\$ 36.27	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Verification

Print Name Henry T. Perea

Office, Agency or Court CA State Assembly, 31st District

Statement Type 2010/2011 Annual Assuming Leaving
 (yy) 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 03/02/11
 (d)(5)

Signature _____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Received
Official Use Only

COVER PAGE



MAR -1 2011

BY: TH

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Perea Henry T.

1. Office, Agency, or Court

Agency Name
CA State Assembly
Division, Board, Department, District, if applicable
31st Assembly District
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 Judge (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other _____

2011 MAR -1 PM 4: 9
FPPC
OFFICE

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

Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is _____, through December 31, 2010.
 Assuming Office: Date _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 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 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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

(d)(5) (d)(5) (d)(5) (d)(5)
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(d)(5) (d)(5)

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/01/2011
(month, day, year)

Signature (d)(5)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Henry T. Perea

▶ STREET ADDRESS OR PRECISE LOCATION
646 E. Beverly Way

CITY
Fresno, CA 93704

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

ACQUIRED 10 / / DISPOSED 10 / /

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.
Maria Trevino

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

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

ACQUIRED 10 / / DISPOSED 10 / /

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.

* 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% None TERM (Months/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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% None TERM (Months/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
League of CA Cities- Latino Caucus
 ADDRESS (Business Address Acceptable)
770 L Street, #1030, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 08 / 10</u>	<u>\$ 103.00</u>	<u>Board Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA Restaurant Association
 ADDRESS (Business Address Acceptable)
621 Capitol Mall, Suite 2000, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 10</u>	<u>\$ 100.00</u>	<u>Awards Dinner Tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Chuckchansi Economic Development Authority
 ADDRESS (Business Address Acceptable)
46575 Road 417 Bld, Coarsegold, CA 93614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 10</u>	<u>\$ 40.10</u>	<u>Dinner</u>
<u>01 / 15 / 10</u>	<u>\$ 80.00</u>	<u>Event Tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
California State University, Fresno
 ADDRESS (Business Address Acceptable)
2771 E. Shaw Ave, Fresno, CA 93710
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 25 / 10</u>	<u>\$ 420.00</u>	<u>Event Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
International Brotherhood Electrical Workers- IBEW
 ADDRESS (Business Address Acceptable)
1921 N. Gateway Blvd, #120, Fresno, CA 93727
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electrical Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 18 / 10</u>	<u>\$ 150.00</u>	<u>Labor Leader of Year</u>
<u> / / </u>	<u>\$</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Save Mart Supermarkets
 ADDRESS (Business Address Acceptable)
P.O. Box 4278, Modesto, CA 95352
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Grocer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 27 / 10</u>	<u>\$ 50.00</u>	<u>Fresno State of the</u>
<u> / / </u>	<u>\$</u>	<u>City Address</u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Henry T. Perea

▶ NAME OF SOURCE
AT&T
 ADDRESS (Business Address Acceptable)
555 E. Olive, Room B162, Fresno, CA 93727
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 19 / 10</u>	<u>\$ 50.00</u>	<u>Reaching American</u>
<u> / / </u>	<u>\$</u>	<u>Dream Awards Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Speaker John A. Perez for Assembly
 ADDRESS (Business Address Acceptable)
777 S. Figueroa Street, Suite 4050, L.A., CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

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
Fresno Leading Young Professionals- FYLP
 ADDRESS (Business Address Acceptable)
Fresno, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 23 / 10</u>	<u>\$ 50.00</u>	<u>Award Banquet</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
CA Democratic Party
 ADDRESS (Business Address Acceptable)
1401 21st Street, Suite 200, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 10</u>	<u>\$ 84.80</u>	<u>Swearing-In Reception</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

Henry T. Perea

- **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
League of CA Cities

ADDRESS (Business Address Acceptable)
1400 K Street, 4th Floor

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Board of Directors Meetings

DATE(S): / / - / / AMT: \$ 953.80
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Transportation/ Lodging/ Meals for Board
of Directors Meetings

▶ NAME OF SOURCE
EdVoice

ADDRESS (Business Address Acceptable)
1400 K Street

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Nonprofit Organization

DATE(S): 07 / 20 / 10 - 07 / 21 / 10 AMT: \$ 363.46
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Transportation/ Lodging/ Meals for Institute
Symposium

▶ NAME OF SOURCE
CA Issues Forum

ADDRESS (Business Address Acceptable)
1717 I Street

CITY AND STATE
Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Nonprofit Organization

DATE(S): 12 / 13 / 10 - 12 / 14 / 10 AMT: \$ 925.00
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Transportation/ Lodging/ Meals provided
for panel discussion regarding the
Legislatures priorities in 2011

▶ NAME OF SOURCE
CA Foundation on the Environ and the Econ- CFEE

ADDRESS (Business Address Acceptable)
Pier 35, Suite 202

CITY AND STATE
San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Nonprofit Organization

DATE(S): 10 / 03 / 10 - 10 / 05 / 10 AMT: \$ 459.89
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Transportation/ Lodging/ Meals for
roundtable workshops on CA's water
supply

Comments: _____