

STATEMENT OF ECONOMIC INTERESTS

Date Received
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MAR - 1 2011

COVER PAGE



2011 MAR - 1 PM 5: 44

BY: pc

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Swanson Sandre R

1. Office, Agency, or Court

Agency Name
CA State Assembly
Division, Board, Department, District, if applicable
CA Workforce Investment Board
Your Position
Assemblymember, Board Member

► 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 Alameda
 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: 7

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

Date Signed March 1, 2010
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Swanson

▶ 1. BUSINESS ENTITY OR TRUST

East Bay Conversion & Reinvestment Commission

Name
 300 Frank H. Ogawa Plaza, Suite 205, Oakland, 94612

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
 Non-Profit

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 DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION Chair

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

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 DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/_____
 \$10,001 - \$100,000 _____/_____/_____
 \$100,001 - \$1,000,000 _____/_____/_____
 Over \$1,000,000 _____/_____/_____

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NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION Chair

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\$2,000 - \$10,000 _____/_____/_____
 \$10,001 - \$100,000 _____/_____/_____
 \$100,001 - \$1,000,000 _____/_____/_____
 Over \$1,000,000 _____/_____/_____

ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

**SCHEDULE D
Income – Gifts**

Name

Swanson

▶ NAME OF SOURCE
California Tribal Business Alliance

ADDRESS (Business Address Acceptable)
1530 J Street, Suite 400, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 12 / 10</u>	<u>\$ 92.68</u>	<u>Back to Session Bash</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CA Council on Science & Technology

ADDRESS (Business Address Acceptable)
5005 La Mart Drive, Suite 105, Riverside, Ca 92507

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Science and Technology-related policy issues

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 3 / 10</u>	<u>\$ 105.04</u>	<u>Fellows Celebration</u>
<u> / / </u>	<u>\$</u>	<u>Reception and Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CA Healthcare Institute

ADDRESS (Business Address Acceptable)
1020 Prospect Street, Suite 310, La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BioMedical Research & Innovation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 2 / 10</u>	<u>\$ 205.30</u>	<u>CHI CA Biomedical</u>
<u> / / </u>	<u>\$</u>	<u>Industry Report Launc</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Entertainment Software Assoc

ADDRESS (Business Address Acceptable)
575-7th Street, NW, Ste 300, Washington, DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Computer and Video game industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 5 / 10</u>	<u>\$ 205.92</u>	<u>Dinner for Member &</u>
<u> / / </u>	<u>\$</u>	<u>Wife</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Charles Schwab

ADDRESS (Business Address Acceptable)
101 Montgomery Street, S.F. CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 14 / 10</u>	<u>\$ 250.00</u>	<u>AT&T Pro AM (Golf</u>
<u> / / </u>	<u>\$</u>	<u>Tournament Passes</u>
<u> / / </u>	<u>\$</u>	<u>and Catering)</u>

▶ NAME OF SOURCE
CA Correctional Peace Officers Assoc

ADDRESS (Business Address Acceptable)
755 Riverpoint Dr. West, Sac., CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Enforcers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 100.00</u>	<u>Taylor Made Golf Bag</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name _____
Swanson

▶ NAME OF SOURCE
Minorities in Law Enforcement
ADDRESS (Business Address Acceptable)
925 L Street, Suite 850, Sac., CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Enforcers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 395.00</u>	<u>Golf at Pebble Beach</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
Gov. Schwarzenegger
ADDRESS (Business Address Acceptable)
State Capitol
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gov. of CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 6 / 10</u>	<u>\$ 21.53</u>	<u>State of the State</u>
<u> / / </u>	<u>\$ _____</u>	<u>luncheon</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
Gov. Cup Foundation Inc.
ADDRESS (Business Address Acceptable)
1415 L Street, Suite 410, Sac., CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 302.00</u>	<u>Panel Breakfast</u>
<u> / / </u>	<u>\$ _____</u>	<u>Lunch & Reception</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
AT&T Inc. & Its Affiliates
ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1800, Sac., CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telecommunication

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 10</u>	<u>\$ 270.26</u>	<u>Giants Game &</u>
<u> / / </u>	<u>\$ _____</u>	<u>Refreshments, Member</u>
<u> / / </u>	<u>\$ _____</u>	<u>Wife & Grandson</u>

▶ NAME OF SOURCE
California State Protocol Foundation
ADDRESS (Business Address Acceptable)
1215 K Street, Floor 14 Sac., 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 6 / 10</u>	<u>\$ 35.47</u>	<u>State of the State</u>
<u> / / </u>	<u>\$ _____</u>	<u>luncheon</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
Parent Leadership Action Network
ADDRESS (Business Address Acceptable)
405-14th Street, Suite 811, Oakland, CA 94612
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 2 / 10</u>	<u>\$ 100.00</u>	<u>Leading from the the</u>
<u> / / </u>	<u>\$ _____</u>	<u>Heart Celebration</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Swanson

▶ NAME OF SOURCE
CA Democratic Party

ADDRESS (Business Address Acceptable)
1401-21st Street, Suite 200, Sac., CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 5 / 10</u>	<u>\$ 84.80</u>	<u>Assembly Swearing in</u>
<u> / / </u>	<u>\$ </u>	<u>Pre-reception</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
Speaker John Perez

ADDRESS (Business Address Acceptable)
State Capitol

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 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>

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Swanson
--

- 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
 CA Legislative Black Caucus Policy Institute

ADDRESS (Business Address Acceptable)
 5429 Madison Avenue

CITY AND STATE
 Sacramento CA 95841

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Non-Profit

DATE(S): 10 / 15 / 16 - 20 / 11 / AMT: \$ 5,439.71
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Rooms & 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:

▶ 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: _____