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BY: PC

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)
Torres		Norma	Judith

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable
District 61

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. Leaving Office: Date Left ____/____/____ (Check one)

-or-

The period covered is ____/____/____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date ____/____/____ The period covered is ____/____/____, through the date of leaving office.

Candidate: Election Year _____ Office sought, if different than Part 1: _____

2011 MAR 1 PM 2:51

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

5. [Redacted area]

herein and in any attached schedules is true and complete. I acknowledge this is a p
I certify under penalty of perjury under the laws of the State of California that th

Date Signed 3/1/2011
(month, day, year)

Signature _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name Torres

▶ STREET ADDRESS OR PRECISE LOCATION
501 Brookside Lane
 CITY
Pomona, CA 91767

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.
Chysawndra Van Etten

▶ 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

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NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

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 \$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 _____ TERM (Months/Years) _____
 _____ % None

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 _____ TERM (Months/Years) _____
 _____ % None

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
Torres

▶ NAME OF SOURCE
See attached.

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

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

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Torres</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
See attached.

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: _____

▶ 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: _____

Norma Torres
Form 700

Schedule E - Travel Payments, Advances and Reimbursements

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS/ACTIVITY IF ANY OF SOURCE	DATE(S) (mm/dd/yy) (If applicable)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	DESCRIPTION
Klamath Alliance for Resources and Environment	P.O. Box 1234 Yreka, CA 96097		05/13/10 - 05/14/10	\$599.65	Gift	Travel, hotel accommodations, food and beverages, tote bag in connection with panel participation.
California Issues Forum	1717 I St. Sacramento, CA 95811		12/13//10 - 12/14/10	\$1,199.25	Gift	Hotel accommodations, food and beverages in connection with panel participation.
California Issues Forum	1717 I St. Sacramento, CA 95811		08/05/10	\$329.59	Gift	Hotel accommodations, food and beverages in connection with panel participation.

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FAIR POLITICAL
COMMISSION
SCHEDULE B

Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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CITY
Pomona, CA 91767

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IF APPLICABLE, LIST DATE:
 ACQUIRED: ___/___/10 DISPOSED: ___/___/10

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 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining Other _____

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NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____% TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

STREET ADDRESS OR PRECISE LOCATION _____
 CITY _____

FAIR MARKET VALUE
 \$2,000 - \$10,000
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Comments: _____

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COMMISSION
11 APR 27 PM 3 7

Verification

Print Name Norma Torres

Office, Agency or Court California State Assembly

Statement Type 2010/2011 Annual Assuming Leaving
 10 Annual Candidate
(yr)

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 4/26/11

Signature (d)(5)