

COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION
A Public Document
2011 MAR -9 AM 11:03



MAR 7 2011
AD

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Anderson Joel C

1. Office, Agency, or Court

Agency Name
California State Legislature
Division, Board, Department, District, if applicable Your Position
36th Senate District Senator

► 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: 4

- 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 herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury, under the laws of the State of California that

Date Signed 3/7/2011
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)



CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Kaiser Permanente, SoCal Permanente</u> ADDRESS (Business Address Acceptable) <u>395 E. Walnut, Pasadena, CA 91188</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Healthcare provider</u> YOUR BUSINESS POSITION <u>Nurse Practitioner</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____ GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>
Comments: <u>Amending statement to include Schedule C</u>	

▶ 2. LOAN RECEIVED

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small>	
HIGHEST BALANCE DURING REPORTING PERIOD	Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____ <small>(Describe)</small>	

Verification

Print Name Joel Anderson Office, Agency or Court California State Legislature

Statement Type 2010/2011 Annual _____ Annual Assuming Leaving 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 2011/3/7 Signature _____
(month, day, year) (d)(5)

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

GP

COVER PAGE

MAR 7 2011

(d)(5)

2011 MAR -1 PM 5:06

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Anderson Joel C

1. Office, Agency, or Court

Agency Name
California State Legislature
Division, Board, Department, District, if applicable
36th Senate District
Your Position
Senator

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 Assuming Office: Date ____/____/____
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 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: 3
 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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
State Capitol #2054 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 651-4036 Senator.Anderson@sen.ca.gov

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 2/28/2011
(month, day, year)

Signature (d)(5)
(Place the originally signed statement with your filing official.)

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

Name
 Joel Anderson

<BLUE> is a required field

You are not required to report income from government agencies.

NAME AND ADDRESS OF SOURCE <i>(Business Address Acceptable)</i>	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE(S) (mm/dd/yy) (If applicable)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	DESCRIPTION
San Diego County Regional Airport Authority, PO Box 82775, San Diego, CA 92138-2897	Governmental agency responsible for managing San Diego County's airports.	1/1/2010 to 12/31/2010	\$ 3,278.00	Gift	Value of parking incidental to legislative travel between district and capitol offices.

**Schedule D
Income - Gifts**

Name

Joel Anderson

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
American Israel Public Affairs Committee	8895 Town Centre Dr. Suite 105-149 San Diego, CA	92122	Political Advocacy	03/07/10	\$ 55.00	Food & Beverage
AT&T	1215 K St, Suite 1800 Sacramento, CA	95814	Telecommunications	08/03/10	\$ 272.00	Golf
Barona Band of Mission Indians	1095 Barona Road Lakeside, CA	92040	Tribal Government	05/12/10	\$ 34.49	Food & Beverage
Barona Band of Mission Indians	1095 Barona Road Lakeside, CA	92040	Tribal Government	09/28/10	\$ 1.56	"My Ancestors' Village" book
Barona Band of Mission Indians	1095 Barona Road Lakeside, CA	92040	Tribal Government	09/14/10	\$ 56.25	Food & Beverage
CalChamber	1215 K St, suite 1400 Sacramento, CA	95814	Business Advocacy	5/17/2010	\$ 32.66	Food & Beverage
CalChamber	1215 K St, suite 1400 Sacramento	95814	Business Advocacy	5/17/2010	\$ 64.07	Food & Beverage
California Healthcare Institute	1020 Prospect St, Suite 310 La Jolla, CA	92037	Healthcare	02/02/10	\$ 205.30	Food & Beverage
Capital Athletic Club	1515 8th Street Sacramento, CA	95814	Health & Fitness	03-02-10 to 06-02-10	\$ 300.00	Complimentary Gym Membership
Del Mar Thoroughbred Club	P.O. Box 700 Del Mar, CA	92014	Horse Racing	07/21/10	\$ 275.00	Admission, Lunch & Parking
San Diego Maritime Museum	1492 North Harbor Drive San Diego, CA	92101	Museum	08/23/10	\$ 60.00	Admission for 4 to The Festival of Sail
Viejas Band of Kumeyaay Indians	1 Viejas Grade Road Alpine, CA	91901	Tribal Government	09/14/10	\$ 71.76	Food & Beverage
Wine Institute	425 Market St, Suite 1000 San Francisco, CA	94105	Trade Association for Wine Makers	03/08/10	\$ 50.13	Food & Beverage
Carl Scherbaum	1001 West Bradley Ave El Cajon, CA	92020	Individual	03/19/10	\$ 150.00	Food & Beverage
Barry Jantz	9001 Wakarusa St. La Mesa, CA	91942	Individual	09/03/10	\$ 61.00	Ticket to Padres Baseball Game
Visa	1300 Connecticut Avenue, NW Suite 900 Washington, D.C.	20036	Fincial Services	08/05/10	\$ 333.80	Food & Beverage
Paskenta Band of Nomlaki Indians	1012 South Street Orland, CA	95963	Tribal Government	07/26/10	\$ 234.00	Dinner, golf, lodging