

FAIR POLITICAL PRACTICES COMMISSION COVER PAGE

MAR 1 2011 SD

Please type or print in ink. GP

2011 MAR -1 PM 5:05

NAME OF FILER (LAST) (FIRST) (MIDDLE) BLAKESLEE SAM

1. Office, Agency, or Court

Agency Name CALIFORNIA STATE LEGISLATURE
Division, Board, Department, District, if applicable STATE SENATE
Your Position SENATOR

If filing for multiple positions, list below or on an attachment.

Agency: SEISMIC SAFETY COMMISSION Position: COMMISSIONER

2. Jurisdiction of Office (Check at least one box)

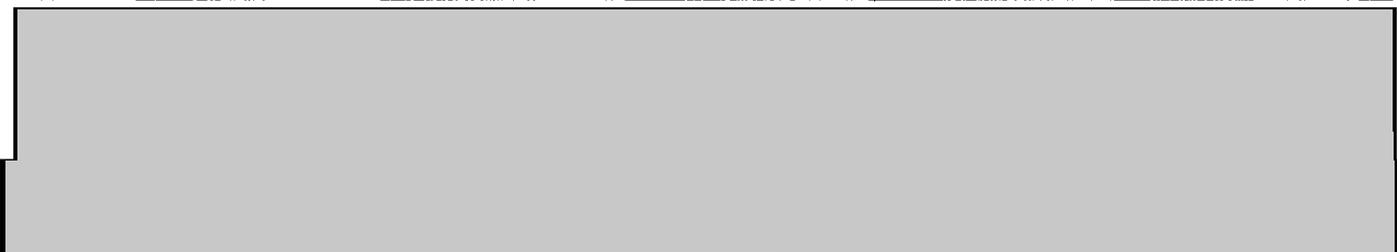
[X] State [] Judge (Statewide Jurisdiction)
[] Multi-County [] County of
[] City of [] Other

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

[X] Annual: The period covered is January 1, 2010, through December 31, 2010.
[] Leaving Office: Date Left
[] Assuming Office: Date
[] 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
[X] Schedule A-1 - Investments - schedule attached
[X] Schedule A-2 - Investments - schedule attached
[X] Schedule D - Income - Gifts - schedule attached
[] Schedule B - Real Property - schedule attached
[] Schedule C - Income, Loans, & Business Positions - schedule attached
[] Schedule E - Income - Gifts - Travel Payments - schedule attached
[] None - No reportable interests on any schedule



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

Date Signed 2/2/2011 (month, day, year)

Signature

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

▶ 1. BUSINESS ENTITY OR TRUST

BLAKESLEE AND BLAKESLEE
Name
1101 MARSH ST., SAN LUIS OBISPO, CA 93401
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL PLANNING

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

NATURE OF INVESTMENT
 Sole Proprietorship Partnership **C-CORPORATION**
 Other

YOUR BUSINESS POSITION PRESIDENT

▶ 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 _____/_____/10
 \$10,001 - \$100,000 _____/_____/10 _____/_____/10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

▶ 1. BUSINESS ENTITY OR TRUST

BLAKESLEE AND BLAKESLEE
Name
1101 MARSH ST., SAN LUIS OBISPO, CA 93401
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL PLANNING

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

NATURE OF INVESTMENT
 Sole Proprietorship Partnership **C-CORPORATION**
 Other

YOUR BUSINESS POSITION BROKER (SPOUSE)

▶ 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 _____/_____/10
 \$10,001 - \$100,000 _____/_____/10 _____/_____/10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

SCHEDULE D
Income – Gifts

Name
 SAM BLAKESLEE

▶ NAME OF SOURCE
 CALIFORNIA TRIBAL BUSINESS ALLIANCE

ADDRESS (Business Address Acceptable)
 1530 J STREET, STE 250, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 TRIBES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 10	\$ 92.68**	RECEPTION**
___ / ___ / ___	\$ _____	**SEE ATTACHED
___ / ___ / ___	\$ _____	_____

▶ 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: _____

Senator Sam Blakeslee 2010 Form 700, Schedule D Addendum.

The reception hosted by the California Tribal Business Alliance on January 12, 2010 was valued at \$92.68. Repeated efforts were made to obtain the reportable value within the 30 days following the event for the purpose of fully reimbursing the event organizers. However, efforts to obtain this information were unsuccessful and the gift reporting letter was issued by the CTBA until well after the 30 day reimbursement deadline.

Full reimbursement in the amount of \$92.68 was made to the California Tribal Business Alliance, however, the value of the gift is being reported consistent with FPPC guidelines, as the full reimbursement was made after the 30 day deadline.