

Please type or print in ink. 2011 MAR -1 PM 5:07

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Corbett Ellen M

**1. Office, Agency, or Court**

Agency Name  
State Senate  
Division, Board, Department, District, if applicable Your Position  
10th 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.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
-or- (Check one)  
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: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."  
► Total number of pages including this cover page: \_\_\_\_\_  
 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**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date Signed 02/28/2011 Signature \_\_\_\_\_  
(month, day, year)

**SCHEDULE D**  
**Income – Gifts**

Name \_\_\_\_\_

▶ NAME OF SOURCE  
Dolan Law Firm  
ADDRESS (Business Address Acceptable)  
1438 Market Street, San Francisco, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 19 / 10</u>	<u>\$ 100.00</u>	<u>ACCTLA dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
CA Council for Environmental and Economic Balance  
ADDRESS (Business Address Acceptable)  
100 Spear Street, Ste 805, San Francisco  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 02 / 10</u>	<u>\$ 156.79</u>	<u>dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
San Leandro Chamber of Commerce  
ADDRESS (Business Address Acceptable)  
15555 East 14th Street, Ste 100, San Leandro  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 10</u>	<u>\$ 75.00</u>	<u>Installation dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
Fremont Firefighters  
ADDRESS (Business Address Acceptable)  
120 J Street, Fremont, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 24 / 10</u>	<u>\$ 88.00</u>	<u>CBC annual event</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
Alameda County Family Justice Center  
ADDRESS (Business Address Acceptable)  
470 27th Street, Oakland, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 30 / 10</u>	<u>\$ 175.00</u>	<u>Annual Gala</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE  
CA Professional Firefighters  
ADDRESS (Business Address Acceptable)  
1780 Creekside Oaks Dr., Ste 200, Sacramento, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 11 / 10</u>	<u>\$ 68.97</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name \_\_\_\_\_

▶ NAME OF SOURCE  
**CA Democratic Party**  
 ADDRESS (Business Address Acceptable)  
 1401 21st Street, Ste 200, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 10	\$ 110.78	dinner
12 / 31 / 10	\$ 170.57	dinner
/ /	\$	

▶ NAME OF SOURCE  
**United Food and Commercial Workers, Local 5**  
 ADDRESS (Business Address Acceptable)  
 240 South Market Street, San Jose, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 22 / 10	\$ 250.00	SBLC annual dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
**State Building and Construction Trades Council**  
 ADDRESS (Business Address Acceptable)  
 1225 8th Street, Ste 375, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 10	\$ 250.00	retirement dinner
04 / 09 / 10	\$ 125.00	AC Bldg Trades dinner
/ /	\$	

▶ NAME OF SOURCE  
**City of San Jose/Mineta SJ International Airport**  
 ADDRESS (Business Address Acceptable)  
 1732 North First Street, Ste 600, San Jose, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 10	\$ 150.00	Grand opening recep.
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
**Hayward Firefighters**  
 ADDRESS (Business Address Acceptable)  
 22734 Main Street, Hayward, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 07 / 10	\$ 200.00	AC Labor dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
**PG&E**  
 ADDRESS (Business Address Acceptable)  
 One Market Street, Ste 2400, San Francisco, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Energy Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 17 / 10	\$ 125.00	Pleasanton Art Gala
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE  
Washington Hospital  
 ADDRESS (Business Address Acceptable)  
200 Mowry Avenue, Fremont, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
healthcare organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 09 / 10</u>	<u>\$ 275.00</u>	<u>annual dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Margaret O'Driscoll  
 ADDRESS (Business Address Acceptable)  
128 Kensington Way, San Francisco, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 07 / 10</u>	<u>\$ 125.00</u>	<u>Irish Fund dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
State Farm Insurance  
 ADDRESS (Business Address Acceptable)  
1201 K Street, Ste 920, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 10</u>	<u>\$ 230.00</u>	<u>Giants Baseball tix</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Monterey Bay Aquarium Foundation  
 ADDRESS (Business Address Acceptable)  
886 Cannery Row, Monterey, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 06 / 10</u>	<u>\$ 53.79</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
American Israel Public Affairs Committee  
 ADDRESS (Business Address Acceptable)  
POB 207, San Francisco, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 13 / 10</u>	<u>\$ 95.00</u>	<u>dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Environmental Working Group  
 ADDRESS (Business Address Acceptable)  
2201 Broadway, Ste 308, Oakland, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 10</u>	<u>\$ 101.00</u>	<u>dinner</u>
<u>11 / 08 / 10</u>	<u>\$ 35.00</u>	<u>gift bag</u>
<u>06 / 22 / 10</u>	<u>\$ 3.99</u>	<u>reception</u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE  
CA Tribal Business Alliance  
 ADDRESS (Business Address Acceptable)  
1530 J Street, Ste 400, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 12 / 10</u>	\$ <u>92.68</u>	<u>Reception</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

▶ NAME OF SOURCE  
Consumer Attorneys of California  
 ADDRESS (Business Address Acceptable)  
770 L Street, Ste 1200, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 10</u>	\$ <u>18.01</u>	<u>reception</u>
<u>12 / 31 / 10</u>	\$ <u>175.00</u>	<u>installation dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

▶ NAME OF SOURCE  
Consumer Action  
 ADDRESS (Business Address Acceptable)  
221 Main Street, Ste 480, San Francisco, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 17 / 10</u>	\$ <u>50.00</u>	<u>Annual award recep.</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  
Nancy O'Malley  
 ADDRESS (Business Address Acceptable)  
1225 Faloon Street, Room 900, Oakland, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 23 / 10</u>	\$ <u>110.00</u>	<u>Women Lawyers event</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**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____
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- **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 <u>CA Foundation on the Environment and the Economy</u> ADDRESS (Business Address Acceptable) <u>Pier 39, Suite 202</u> CITY AND STATE <u>San Francisco, CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)
DATE(S): <u>03 / 24 / 10 - 04 / 03 / 10</u> AMT: \$ <u>10,646.84</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Study travel project to Canada (airfare, accommodations, meals, cultural activities, ground transportation)</u>

▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE <u>CA Foundation on the Environment and the Economy</u> ADDRESS (Business Address Acceptable) <u>Pier 39, Suite 202</u> CITY AND STATE <u>San Francisco, CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)
DATE(S): <u>11 / 06 / 10 - 11 / 18 / 10</u> AMT: \$ <u>11,254.67</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Study travel project to Spain (airfare, accommodations, meals, cultural activities, ground transportation)</u>

▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: \_\_\_\_\_