

2011 MAR -1 PM 5:05

COVER PAGE

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FEB 28 2011

DD

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Correa J. Luis

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

Agency Name  
California State Senate  
Division, Board, Department, District, if applicable  
34th District  
Your Position  
Senator

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

Agency: Mental Health Serv Oversight&Accountability Com Position: Commissioner

**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**

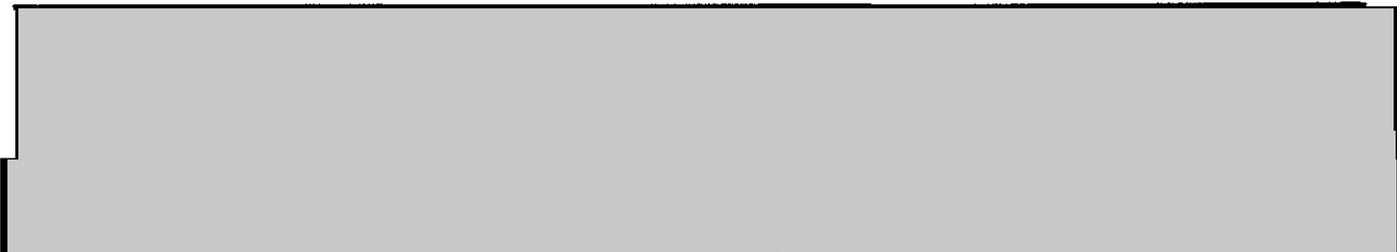
Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- 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 t

Date Signed 2/25/2011  
(month, day, year)

Signature

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

Name  
Correa, J. Luis

▶ NAME OF BUSINESS ENTITY  
Centura Software

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
High Technology

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
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NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 10           /      / 10  
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 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

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

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









**SCHEDULE D**  
**Income – Gifts**

Name  
Correa, J. Luis

▶ NAME OF SOURCE  
California Professional Firefighters  
ADDRESS (Business Address Acceptable)  
1780 Creekside Oaks, Ste 200, Sac., CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Safety Association

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S)   |
|---------------------|-----------------|--------------------------|
| <u>01 / 11 / 10</u> | <u>\$ 68.97</u> | <u>dinner-food/drink</u> |
| <u>  /  /  </u>     | <u>\$</u>       | <u>  </u>                |
| <u>  /  /  </u>     | <u>\$</u>       | <u>  </u>                |

▶ NAME OF SOURCE  
Alliance of Catholic Health Care  
ADDRESS (Business Address Acceptable)  
1215 K Street, 20th Floor, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health Organization

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)   |
|---------------------|------------------|--------------------------|
| <u>01 / 27 / 10</u> | <u>\$ 128.21</u> | <u>dinner-food/drink</u> |
| <u>  /  /  </u>     | <u>\$</u>        | <u>  </u>                |
| <u>  /  /  </u>     | <u>\$</u>        | <u>  </u>                |

▶ NAME OF SOURCE  
California State Sheriffs' Association  
ADDRESS (Business Address Acceptable)  
1231 I Street, Suite 200, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Safety Association

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S)      |
|---------------------|-----------------|-----------------------------|
| <u>05 / 18 / 10</u> | <u>\$ 58.49</u> | <u>reception-food/drink</u> |
| <u>  /  /  </u>     | <u>\$</u>       | <u>  </u>                   |
| <u>  /  /  </u>     | <u>\$</u>       | <u>  </u>                   |

▶ NAME OF SOURCE  
California Democratic Party  
ADDRESS (Business Address Acceptable)  
1401 21st Street, Suite 200, Sacramento, CA 95811  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political Organization

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)     |
|---------------------|------------------|----------------------------|
| <u>01 / 11 / 10</u> | <u>\$ 77.22</u>  | <u>Sen. Caucus Retreat</u> |
| <u>12 / 05 / 10</u> | <u>\$ 170.57</u> | <u>dinner-food/drink</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**

Name  
 Correa, J. Luis

- **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  
Border Leg Conference/Council of State Governments  
 ADDRESS (Business Address Acceptable)  
1107 9th Street, Suite 730  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Mexico City Delegation Meetings  
 DATE(S): 03 / 15 / 10 - 03 / 18 / 10 AMT: \$ 902.20  
*(if applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: participating in meetings with Mexican Federal Officials, US Ambassador in Mexico & others.

▶ NAME OF SOURCE  
Border Leg Conference/Council of State Governments  
 ADDRESS (Business Address Acceptable)  
1107 9th Street, Suite 730  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Americas 2020 Summit  
 DATE(S): 11 / 11 / 10 - 11 / 13 / 10 AMT: \$ 809.00  
*(if applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: moderator on a panel, and attended different sessions.

▶ NAME OF SOURCE  
California Biotechnology Foundation  
 ADDRESS (Business Address Acceptable)  
1215 K Street, Suite 970  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
2010 California Biotechnology Trade Mission to China  
 DATE(S): 01 / 31 / 10 - 02 / 05 / 10 AMT: \$ 1876.35  
*(if applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: meetings - regarding biotechnology industry.

▶ 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: \_\_\_\_\_



SCHEDULE D  
Income - Gifts

2011 MAR 10 PM 1:37

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

MAR 9 2011

▶ NAME OF SOURCE  
 California Small Business Association

ADDRESS (Business Address Acceptable)  
 6601 Center Drive West, Ste 500, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Business Association

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 11 / 07 / 10    | \$ 156.90 | Dinner -Received       |
| ___ / ___ / ___ | \$ _____  | Legis. of the Decade   |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ 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) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

**Verification**

Print Name J. Luis Correa

Office, Agency or Court California State Senate, 34th District

Statement Type  2010/2011 Annual  Assuming  Leaving  
 \_\_\_ 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 3/3/2011  
(d)(5) month, day, year

Signature

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