CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION
2011 FEB 25 AM 11:50

EB

Date Received
Official Use Only
FEB 24 2011

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hancock	Ilona	H.

1. Office, Agency, or Court

Agency Name
California State Senate

Division, Board, Department, District, if applicable

Your Position
Senator

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

Agency: _____ Position: _____

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

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

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

- [x] **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ___/___/___, through December 31, 2010.
- [ ] **Assuming Office:** Date ___/___/___
- [ ] **Candidate:** Election Year _____
- [ ] **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.

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 A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [ ] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

I have used all reasonable diligence in preparing this statement. I have reviewed this
herein and in any attached schedules is true and complete. I acknowledge this is a

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

Date Signed 2/23/11 *(month, day, year)* **Signature**

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Local Government Commission
ADDRESS *(Business Address Acceptable)*
1303 J Street #250 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 20 / 10	$ 149.00	Registration
3 / 20 / 10	$ 88.50	Hotel
/ /	$	

► NAME OF SOURCE
Capitol Impact
ADDRESS *(Business Address Acceptable)*
1000 North Alameda Street, Los Angeles, Ca 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Capitol Endowment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 24 / 10	$ 61.32	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
The California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st Street, Suite 200 Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Senate Caucus Retreat Meeting- Mulvaney's

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 11 / 10	$ 110.78	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
California Professional Fire Fighters
ADDRESS *(Business Address Acceptable)*
1780 Creekside Oaks Sacramento, CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 11 / 10	$ Dinner	
/ /	$	
/ /	$	

► NAME OF SOURCE
The California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st Street Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Senate Democratic Caucus Policy Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 18 / 10	$ 45.66	Breakfast/Lunch
1 / 18 / 10	$ 99.95	Dinner
1 / 19 / 10	$ 49.71	Breakfast/Lunch-

► NAME OF SOURCE
Fundacion Nueva Generacion Argentina
ADDRESS *(Business Address Acceptable)*
Bv. Orono 1231, Planta Alta, Rosario, Argentina
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 5 / 10	$ 1397.00	Meals/Ground Trans.
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Ministry of Foreign Affairs of Chile
ADDRESS *(Business Address Acceptable)*
Teatinos 180, Santiago, Chile
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 10	$ 500.00	Ground Trans/Lunches
/ /	$	
/ /	$	

► 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:

EB

FAIR POLITICAL PRACTICES COMMISSION
2011 MAR -9 AM 11:40

SCHEDULE D
Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE
Monterey Bay Aquarium Foundation
ADDRESS *(Business Address Acceptable)*
886 Cannery Row, Monterey CA 93940-4800
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ocean Day Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 6 / 10	$ 53.79	food & beverages
/ /	$	
/ /	$	

► 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 Ilona H. Hancock

Office, Agency or Court California State Senate

Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving ☐ ____ (yr) Annual ☐ 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 3/3/11 (month, day, year)

Signature (d)(5)

Comments:

2010 AT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
California Professional Fire Fighters
ADDRESS (Business Address Acceptable)
1780 Creekside Oaks Sacramento Ca 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/11/10	$ 48.97	Dinner
/ /	$	
/ /	$	

► 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 Loni Hancock

Office, Agency or Court Ca. State Senate

Statement Type ☐ 2010/2011 Annual ☐ Assuming ☐ Leaving
☐ ___ (yr) Annual ☐ 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 July 5, 2011

(d)(5)

Signatu

Comments: