

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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2011 MAR -1 PM 5:05

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Lieu		Ted	W

1. Office, Agency, or Court

Agency Name
 California State Senate
 Division, Board, Department, District, if applicable
 District 28
 Your Position
 California State 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 02 / 18 / 11

Candidate: Election Year _____ Office sought, if different than Part 1: _____

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.

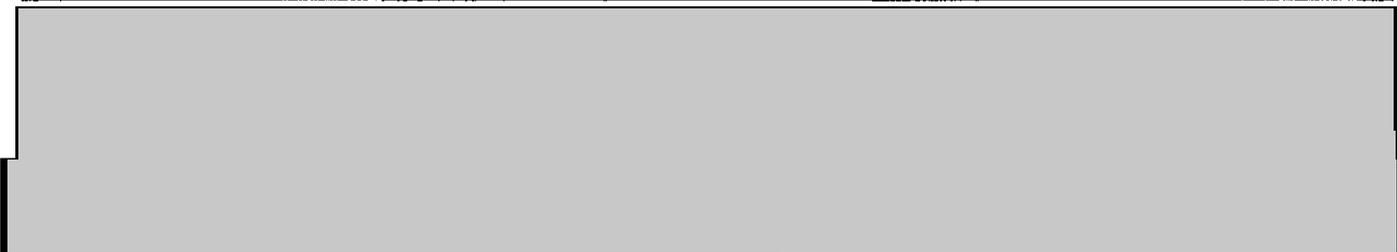
4. Schedule Summary

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

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
 Schedule D - Income - Gifts - 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

Date Signed 02/28/11
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
 Ted W. Lieu

▶ NAME OF SOURCE
City of Los Angeles
 ADDRESS (Business Address Acceptable)
1400 K Street, Room 208, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 10</u>	<u>\$ 330.00</u>	<u>Airport parking/shuttle</u>
<u>12 / 1 / 10</u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
Law Offices of Olson Hagel & Fishburn LLP
 ADDRESS (Business Address Acceptable)
555 Capitol Mall, Suite 1425 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chukchansi Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 10</u>	<u>\$ 20.05</u>	<u>Dinner</u>
<u>01 / 15 / 10</u>	<u>\$ 75.00</u>	<u>Hotel Accommodation</u>
<u>01 / 15 / 10</u>	<u>\$ 40.00</u>	<u>Ticket to Comedy</u>

▶ NAME OF SOURCE
State Farm Insurance
 ADDRESS (Business Address Acceptable)
1201 K Street, Suite 920, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bowl Championship Series (BCS) Game

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 07 / 10</u>	<u>\$ 275.00</u>	<u>Ticket</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
CA Rice Commission
 ADDRESS (Business Address Acceptable)
8801 Folsom Blvd Suite 172, Sacramento, CA 95826
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gift Box

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 10</u>	<u>\$ 28.71</u>	<u>Gift Box And Contents</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
CA Medical Association
 ADDRESS (Business Address Acceptable)
1201 J Street, Suite 200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 10</u>	<u>\$ 25.80</u>	<u>Reception- with food</u>
<u> / / </u>	<u>\$ _____</u>	<u>and beverages</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
CA State Floral Association
 ADDRESS (Business Address Acceptable)
1521 I Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA Agriculture Day

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 10</u>	<u>\$ 16.95</u>	<u>Bouquets</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

Ted W. Lieu

▶ NAME OF SOURCE
Bell, McAndrews & Hiltachk, LLP
 ADDRESS (Business Address Acceptable)
455 Capitol Mall, Suite 801, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Open House

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>0 / 27 / 10</u>	<u>\$ 15.97</u>	<u>Reception-Food,</u>
<u> / / </u>	<u>\$</u>	<u>Beverages And</u>
<u> / / </u>	<u>\$</u>	<u>Entertainment</u>

▶ NAME OF SOURCE
UTLA
 ADDRESS (Business Address Acceptable)
3303 Wilshire Blvd., 10th Fl, Los Angeles, CA 98001
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meeting/Book

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 23 / 10</u>	<u>\$ 26.95</u>	<u>Book: The Death And</u>
<u> / / </u>	<u>\$</u>	<u>Life of the Great</u>
<u> / / </u>	<u>\$</u>	<u>American School</u>

▶ NAME OF SOURCE
Consumer Attorneys of CA
 ADDRESS (Business Address Acceptable)
770 L Street, Suite 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's Caucus and Minority Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 10</u>	<u>\$ 18.01</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA Medical Association
 ADDRESS (Business Address Acceptable)
1201 J Street, Suite 200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 26 / 10</u>	<u>\$ 37.40</u>	<u>Reception-Food And</u>
<u> / / </u>	<u>\$</u>	<u>Beverages</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA Association of Realtors
 ADDRESS (Business Address Acceptable)
525 South Virgil Ave, Los Angeles, CA 90020
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Capitol Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 09 / 10</u>	<u>\$ 49.00</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CTA
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 20 / 10</u>	<u>\$ 26.95</u>	<u>Book: How Testing</u>
<u> / / </u>	<u>\$</u>	<u>And Choice Are</u>
<u> / / </u>	<u>\$</u>	<u>Undermining Ed.</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Ted W. Lieu

▶ NAME OF SOURCE
Colbern C. Stuart, III, Esq w/CA Coalition for Families
 ADDRESS (Business Address Acceptable)
& Children-4139 Via Marina PH3, Marina Del Rey
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Book

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 20 / 10</u>	<u>\$ 24.95</u>	<u>Book: Taken Into</u>
<u> / / </u>	<u>\$</u>	<u>Custody, The War</u>
<u> / / </u>	<u>\$</u>	<u>Against Fathers</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
CA Democratic Party
 ADDRESS (Business Address Acceptable)
1401 21st Street, Suite 200, Sacramento
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 19 / 10</u>	<u>\$ 38.52</u>	<u>Breakfast-Citizen</u>
<u> / / </u>	<u>\$</u>	<u>Hotel</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>

▶ 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: _____

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FAIR POLITICAL
PRACTICES COMMISSION

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Please type or print in ink.

GP

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lieu Ted W

1. Office, Agency, or Court

Agency Name
California State Senate
Division, Board, Department, District, if applicable
District 28
Your Position
California State 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 _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 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.

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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

(c)(1)

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 02/28/11 Signature (c)(1)
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
City of Los Angeles
 ADDRESS (Business Address Acceptable)
1400 K Street, Room 208, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 10</u>	<u>\$ 330.00</u>	<u>Airport parking/shuttle</u>
<u>12 / 1 / 10</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Law Offices of Olson Hagel & Fishburn LLP
 ADDRESS (Business Address Acceptable)
555 Capitol Mall, Suite 1425 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chukchansi Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 10</u>	<u>\$ 20.05</u>	<u>Dinner</u>
<u>01 / 15 / 10</u>	<u>\$ 75.00</u>	<u>Hotel Accommodation</u>
<u>01 / 15 / 10</u>	<u>\$ 40.00</u>	<u>Ticket to Comedy</u>

▶ NAME OF SOURCE
State Farm Insurance
 ADDRESS (Business Address Acceptable)
1201 K Street, Suite 920, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bowl Championship Series (BCS) Game

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 07 / 10</u>	<u>\$ 275.00</u>	<u>Ticket</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA Rice Commission
 ADDRESS (Business Address Acceptable)
8801 Folsom Blvd Suite 172, Sacramento, CA 95826
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gift Box

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 10</u>	<u>\$ 28.71</u>	<u>Gift Box And Contents</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA Medical Association
 ADDRESS (Business Address Acceptable)
1201 J Street, Suite 200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 10</u>	<u>\$ 25.80</u>	<u>Reception- with food</u>
<u> / /</u>	<u>\$</u>	<u>and beverages</u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA State Floral Association
 ADDRESS (Business Address Acceptable)
1521 I Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA Agriculture Day

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 10</u>	<u>\$ 16.95</u>	<u>Bouquets</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Ted W. Lieu

▶ NAME OF SOURCE
Bell, McAndrews & Hiltachk, LLP
 ADDRESS (Business Address Acceptable)
455 Capitol Mall, Suite 801, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Open House

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>0 / 27 / 10</u>	<u>\$ 15.97</u>	<u>Reception-Food,</u>
<u> / /</u>	<u>\$</u>	<u>Beverages And</u>
<u> / /</u>	<u>\$</u>	<u>Entertainment</u>

▶ NAME OF SOURCE
UTLA
 ADDRESS (Business Address Acceptable)
3303 Wilshire Blvd., 10th Fl, Los Angeles, CA 98001
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meeting/Book

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 23 / 10</u>	<u>\$ 26.95</u>	<u>Book: The Death And</u>
<u> / /</u>	<u>\$</u>	<u>Life of the Great</u>
<u> / /</u>	<u>\$</u>	<u>American School</u>

▶ NAME OF SOURCE
Consumer Attorneys of CA
 ADDRESS (Business Address Acceptable)
770 L Street, Suite 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's Caucus and Minority Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 10</u>	<u>\$ 18.01</u>	<u>Reception</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA Medical Association
 ADDRESS (Business Address Acceptable)
1201 J Street, Suite 200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 26 / 10</u>	<u>\$ 37.40</u>	<u>Reception-Food And</u>
<u> / /</u>	<u>\$</u>	<u>Beverages</u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA Association of Realtors
 ADDRESS (Business Address Acceptable)
525 South Virgil Ave, Los Angeles, CA 90020
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Capitol Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 09 / 10</u>	<u>\$ 49.00</u>	<u>Reception</u>
<u> / /</u>	<u>\$</u>	<u></u>
<u> / /</u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CTA
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 20 / 10</u>	<u>\$ 26.95</u>	<u>Book: How Testing</u>
<u> / /</u>	<u>\$</u>	<u>And Choice Are</u>
<u> / /</u>	<u>\$</u>	<u>Undermining Ed.</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Ted W. Lieu

▶ NAME OF SOURCE
Colbern C. Stuart, III, Esq w/CA Coalition for Families
 ADDRESS (Business Address Acceptable)
& Children-4139 Via Marina PH3, Marina Del Rey
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Book

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 10	\$ 24.95	Book: Taken Into
___ / ___ / ___	\$ _____	Custody, The War
___ / ___ / ___	\$ _____	Against Fathers

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 10	\$ 38.52	Breakfast-Citizen
___ / ___ / ___	\$ _____	Hotel
___ / ___ / ___	\$ _____	_____

▶ 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: _____