

2011 MAR 1 PM 5:05

COVER PAGE

FEB 28 2011

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Please type or print in ink.

2011 MAR -1 PM 5:05

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LIU CAROL Jean

1. Office, Agency, or Court

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

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

Agency: Treasurer's Office Position: Member - CA Debt & Investment Advisory C

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: 5

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

Date Signed 2.28.11
(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 Carol Liu

▶ NAME OF BUSINESS ENTITY
VALLEY WATER COMPANY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
mutual water co-ownership reqd for water

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

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

Comments: _____

SCHEDULE D
Income – Gifts

Name

Carol Liu

▶ NAME OF SOURCE
CA Healthcare Institute
ADDRESS (Business Address Acceptable)
1020 Prospect St, # 310
BUSINESS ACTIVITY, IF ANY, OF SOURCE
La Jolla, CA 92037

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 10</u>	<u>\$ 205.30</u>	<u>Industry Reprt Launch</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. # 200, Sac CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 11 / 10</u>	<u>\$ 110.00</u>	<u>meals @ Mulvaneys</u>
<u>12 / 05 / 10</u>	<u>\$ 170.57</u>	<u>Caucus Dinner @ biba</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Professional Firefighters
ADDRESS (Business Address Acceptable)
1780 CreeksideOaks Dr, #200 Sac, CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
CA Endowment
ADDRESS (Business Address Acceptable)
1000 N. Alameda St, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 24 / 10</u>	<u>\$ 61.32</u>	<u>edu. dinner briefing</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
American Council of Engineering Companies
ADDRESS (Business Address Acceptable)
1303 J # 450, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 19 / 10</u>	<u>\$ 32.61</u>	<u>reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Walt Disney Co.
ADDRESS (Business Address Acceptable)
500 S. Buena Vista St., Burbank, CA 91521
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 01 / 10</u>	<u>\$ 18.02</u>	<u>breakfast meeting</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">Carol Liu</p>
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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
 Korea Foundation c/o Korean Gen'l Consulate - LA
 ADDRESS (Business Address Acceptable)
 3243 Wilshire Blvd. #201
 CITY AND STATE
 Los Angeles, CA 90010
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 09 / 24 / 10 - 09 / 30 / 10 AMT: \$ 6,175.00
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Trip to explore Korea education systems and facilities.

▶ 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: _____

▶ NAME OF SOURCE
 CA Foundation on the Environment & the Economy
 ADDRESS (Business Address Acceptable)
 Pier 35, #202, San Francisco, CA 94133
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 11 / 06 / 10 - 11 / 18 / 10 AMT: \$ 8,830.15
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Travel study - renewable energy, infrastructure, desalinization.

▶ 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: _____