CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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FEB 24 2011

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Price	Curren	

1. Office, Agency, or Court

Agency Name
CA 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)*

☒ State
☐ Multi-County _____
☐ City of _____
☐ Judge (Statewide Jurisdiction)
☐ County 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 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-

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

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

Date Signed 02/24/11
(month, day, year)

Signat
(File the originally signed statement with your filing official.)

2010 AN

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
FEB 15 2011

FEB 18 2011

A Public Document

2011 FEB 24 AM 8:05

DEBRA BOWEN
Secretary of State

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Price, Jr.	Curren	D.	(d)(5)

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
(d)(5)				

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CA State Senate

Division, Board, District, if applicable:
26th Senate District

Your Position:
Senator

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- ☒ State
- ☐ County of _____
- ☐ City of _____
- ☐ Multi-County _____
- ☐ Other _____

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

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

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▶ **Total number of pages including this cover page:** _____

▶ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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 February 15 2011
(month, day, year)

Signature (d)(5)
(File the originally signed statement with your filing official.)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Office of the Governor
ADDRESS *(Business Address Acceptable)*
State Capitol, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 10	$ 21.53	luncheon
/ /	$	
/ /	$	

► NAME OF SOURCE
The Walt Disney Company
ADDRESS *(Business Address Acceptable)*
500 S. Buena Vista St. Burbank, CA 91521-0736
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 20 / 10	$ 194.00	two Disneyland tickets
/ /	$	
/ /	$	

► NAME OF SOURCE
California State Protocol Foundation
ADDRESS *(Business Address Acceptable)*
1215 K Street Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 10	$ 35.47	luncheon
/ /	$	
/ /	$	

► NAME OF SOURCE
CA Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st Street, Ste. 200 Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 10	$ 110.78	lunch/dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Carolyn McIntyre
ADDRESS *(Business Address Acceptable)*
1001 K Street 2nd Fl, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 10	$ 33.69	lunch
/ /	$	
/ /	$	

► NAME OF SOURCE
California Professional Firefighters
ADDRESS *(Business Address Acceptable)*
1780 Creekside Oaks, Ste. 200 Sacto, CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 10	$ 68.97	dinner/reception
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Screen Actor's Guild
ADDRESS *(Business Address Acceptable)*
5757 Wilshire Blvd. 7th Floor Los Angeles, CA 90036
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 23 / 10	$ 420.00	Awards Ceremony
/ /	$	
/ /	$	

▶ 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 10	$ 205.30	dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Civil Justice Association of CA
ADDRESS *(Business Address Acceptable)*
1201 K St. Ste. 1850 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 10	$ 40.97	reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE
The Walt Disney Company
ADDRESS *(Business Address Acceptable)*
550 S. Buena Vista St. Burbank, CA 91521-0736
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 10	$ 194.00	two Disneyland tickets
/ /	$	
/ /	$	

▶ NAME OF SOURCE
California Medical Association
ADDRESS *(Business Address Acceptable)*
1201 J St. Ste. 200 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 26 / 10	$ 37.40	reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Personal Insurance Federation of CA
ADDRESS *(Business Address Acceptable)*
1201 K St. Ste. 1220 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 03 / 10	$ 47.25	reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE
California Legislative Latino Caucus Foundation
ADDRESS *(Business Address Acceptable)*
1727 L St. Ste. 606 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 10	$ 26.80	reception
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Edison International
ADDRESS *(Business Address Acceptable)*
2244 Walnut Grove Ave. Rosemead, CA 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 10	$ 23.90	dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
The Walt Disney Company
ADDRESS *(Business Address Acceptable)*
500 S. Buena Vista St. Burbank, CA 91521-0736
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 10	$ 30.00	Toy Story 3 screening
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Wells Fargo
ADDRESS *(Business Address Acceptable)*
45 Freemont St. San Francisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 01 / 10	$ 200.00	CA Roast
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Fox Group
ADDRESS *(Business Address Acceptable)*
PO Box 900 Beverly Hills, CA 90213-0900
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 30 / 10	$ 31.98	reception & movie
/ /	$	
/ /	$	

▶ NAME OF SOURCE
California Association of Realtors
ADDRESS *(Business Address Acceptable)*
525 S. Virgil Avenue Los Angeles, CA 90020
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 10	$ 49.00	reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE
State Farm Insurance
ADDRESS *(Business Address Acceptable)*
1201 K St. Ste. 920 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 10	$ 290.00	home run derby
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Feld Entertainment, Inc.
ADDRESS *(Business Address Acceptable)*
8607 Westwood Center Dr. Vienna, VA 22182
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 10	$ 80.00	circus tickets
/ /	$	
/ /	$	

► NAME OF SOURCE
Fox Group
ADDRESS *(Business Address Acceptable)*
10201 W. Pico Blvd. Los Angeles, CA 90035
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 29 / 10	$ 66.78	reception & movie
/ /	$	
/ /	$	

► NAME OF SOURCE
The Del Mar Thoroughbred Club
ADDRESS *(Business Address Acceptable)*
PO Box 700 Del Mar, CA 92014-0700
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 21 / 10	$ 275.00	Del Mar Race
/ /	$	
/ /	$	

► NAME OF SOURCE
Toyota Motor North America, Inc.
ADDRESS *(Business Address Acceptable)*
601 Thirteenth St NW Ste 910 Washington DC 20005
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 25 / 10	$ 288.82	basketball game
/ /	$	
/ /	$	

► NAME OF SOURCE
Darden
ADDRESS *(Business Address Acceptable)*
1000 Darden Center Dr. Orlando, FL 32869-5011
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 22 / 10	$ 174.05	dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st St. Ste. 200 Sacramento, CA 95811-5221
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 10	$ 170.57	Senate Caucus dinner
/ /	$	
/ /	$	

Comments:

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

- **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
Association of California Life & Health Insurance Co.
ADDRESS *(Business Address Acceptable)*
Nossaman 915 L St Ste. 1000
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 09/22/10 - 09/24/10 *(If applicable)* AMT: $ 1,171.24

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Senator Curren Price participated in a round-table discussion

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

DATE(S): 11/06/10 - 11/18/10 *(If applicable)* AMT: $ 11,254.67

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Study Travel Project

▶ NAME OF SOURCE
CA Legislative Black Caucus Policy Institute
ADDRESS *(Business Address Acceptable)*
5429 Madison Ave.
CITY AND STATE
Sacramento, CA 95841
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 10/15/10 - 10/17/10 *(If applicable)* AMT: $ $1,488.50

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Senator Price participated in a legislative seminar

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▶ NAME OF SOURCE
CA ISSUES FORUM
ADDRESS *(Business Address Acceptable)*
1717 I St.
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12/14/10 - / / *(If applicable)* AMT: $ 505.00

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Senator Price participated on a panel for a retreat

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Comments: