

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE
A Public Document 33

MAR 25 2011

AD

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Strickland Tony A.

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

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 ____/____/____
(Check one)

-or-

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: 2

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 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 that

Date Signed MARCH 25 2011
(month, day, year)

Signature



SCHEDULE D Income - Gifts

▶ NAME OF SOURCE
Allstate Insurance Company

ADDRESS (Business Address Acceptable)
2775 Sanders Road, Suite A-5 Northbrook, IL 60062

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 1 / 10	\$ 150.00	tickets
/ /	\$	
/ /	\$	

▶ 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 Tony Strickland

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 MAR 25 2011

Signature (d)(5)

Comments: _____

2011 MAR -1 PM 5:07



MAR 1 2011

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Strickland Tony A.

1. Office, Agency, or Court

Agency Name
CA State Senate
Division, Board, Department, District, if applicable
Your Position
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. 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

5. Verification

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

(d)(5)

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 3/1/11
(month, day, year)

Signature (d)(5)
(Print the original signed statement with your name official.)

SCHEDULE D
Income – Gifts

Name
 Tony Strickland

▶ NAME OF SOURCE
California Independent Voter Project
 ADDRESS (Business Address Acceptable)
2350 Kerner Blvd., #250 San Rafael, CA 94901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business and Leadership Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 10</u>	\$ <u>1500.00</u>	<u>Hotel (thru 11/18)</u>
<u>11 / 15 / 10</u>	\$ <u>96.50</u>	<u>Opening Reception</u>
<u>11 / 16 / 10</u>	\$ <u>76.63</u>	<u>Reception</u>

▶ NAME OF SOURCE
American Airlines
 ADDRESS (Business Address Acceptable)
4333 Amon Carter Blvd., Fort Worth, TX 76155
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 3 / 10</u>	\$ <u>340.00</u>	<u>Tickets</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
California Independent Voter Project
 ADDRESS (Business Address Acceptable)
2350 Kerner Blvd., #250, San Rafael, CA 94901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business and Leadership Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 10</u>	\$ <u>165.80</u>	<u>Dinner</u>
<u>11 / 18 / 10</u>	\$ <u>89.04</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 2 / 10</u>	\$ <u>205.30</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Perez for Assembly
 ADDRESS (Business Address Acceptable)
777 S. Figueroa St., #4050 Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 13 / 10</u>	\$ <u>75.77</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 27 / 10</u>	\$ <u>420.00</u>	<u>Tickets</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: CA Independent Voter Project gift is for accommodations, meals, and beverages, in connection with making a speech, which is not subject to the gift limit.

SCHEDULE D
Income - Gifts

Name
 Tony Strickland

▶ NAME OF SOURCE
 Darden Restaurants

ADDRESS (Business Address Acceptable)
 1000 Darden Center Drive Orlando, FL 32869

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Food service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 3 / 10	\$ 160.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 PG&E

ADDRESS (Business Address Acceptable)
 1415 L Street, Suite 280 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 10	\$ 164.31	Reception
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 CA New Car Dealer Association

ADDRESS (Business Address Acceptable)
 1415 L Street, #700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 23 / 10	\$ 82.41	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 CA Manufacturers & Technology Association

ADDRESS (Business Address Acceptable)
 1115 11th Street Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 10	\$ 124.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 Klamath Alliance for Resource and Environment

ADDRESS (Business Address Acceptable)
 PO Box 1234 Yreka, CA 96097

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 13 / 10	\$ 339.23	Tour travel
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____