

2011 MAR -1 PM 5:06

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Vargas Juan C

**1. Office, Agency, or Court**

Agency Name  
State Legislature  
Division, Board, Department, District, if applicable  
State Senate  
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)**

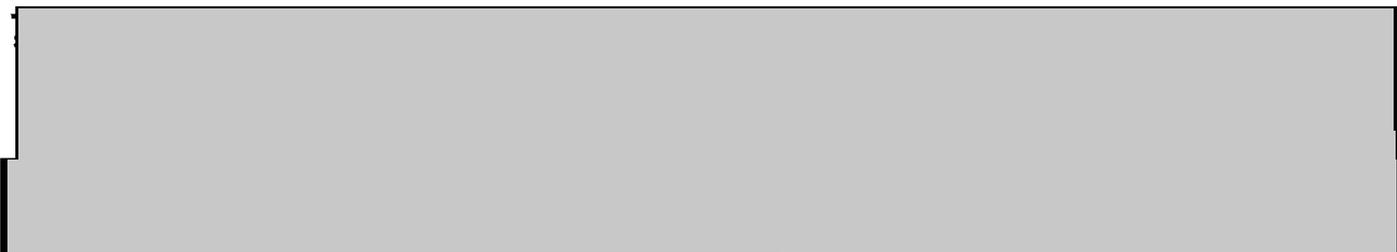
- State  Judge (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
-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: \_\_\_\_\_
- 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



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

Signature

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name \_\_\_\_\_

▶ STREET ADDRESS OR PRECISE LOCATION  
1133 39th Street  
 CITY  
Sacramento, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 10      DISPOSED      /      / 10

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Nielsen Property Managers, 2530 I Street,  
Sacramento, CA 95816 (916) 446-2898

▶ STREET ADDRESS OR PRECISE LOCATION  
 \_\_\_\_\_  
 CITY  
 \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 10      DISPOSED      /      / 10

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 \_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
JP Morgan/Chase  
 ADDRESS (Business Address Acceptable)  
1950 Arden Way, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF LENDER  
Financial Lending Service

INTEREST RATE      TERM (Months/Years)  
4.75 %       None      360 mos.

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_ %       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_



**SCHEDULE D**  
**Income – Gifts**

Name

Juan C. Vargas

▶ NAME OF SOURCE  
CA Independent Voter Project  
 ADDRESS (Business Address Acceptable)  
2350 Kerner Blvd., #250, San Rafael, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Policy Information Network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 10</u>	\$ <u>96.50</u>	<u>Reception</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

▶ NAME OF SOURCE  
Miller Coors LLC  
 ADDRESS (Business Address Acceptable)  
411 E Wisconsin Ave, Milwaukee, Wis.  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Beverage Distributor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 25 / 10</u>	\$ <u>72.80</u>	<u>Dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

▶ NAME OF SOURCE  
CA Independent Voter Project  
 ADDRESS (Business Address Acceptable)  
2350 Kerner Blvd., #250, San Rafael, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Policy Information Network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 10</u>	\$ <u>165</u>	<u>Dinner</u>
<u>11 / 16 / 10</u>	\$ <u>89</u>	<u>Reception</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

▶ NAME OF SOURCE  
CA Healthcare Institute  
 ADDRESS (Business Address Acceptable)  
888 Prospect St., #220, La Jolla, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Research and Advocacy Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 8 / 10</u>	\$ <u>213.65</u>	<u>Dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

▶ NAME OF SOURCE  
Assoc. of CA Life and Health Insurance Companies  
 ADDRESS (Business Address Acceptable)  
1201 K Street, 1820, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 24 / 10</u>	\$ <u>109</u>	<u>Dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

▶ NAME OF SOURCE  
Roll International Corporation  
 ADDRESS (Business Address Acceptable)  
11144 Olympic Blvd., Los Angeles, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Agriculture Distributors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 10</u>	\$ <u>12</u>	<u>Gift Box of Fruit</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

Comments: continue to next page

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE  
California Labor Federation  
 ADDRESS (Business Address Acceptable)  
1127 11th St., #425, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 10</u>	<u>\$ 16.44</u>	<u>Reception</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  
California Democratic Party  
 ADDRESS (Business Address Acceptable)  
1401 21st Street, #200, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 5 / 10</u>	<u>\$ 170.57</u>	<u>Dinner at Biba's</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  
AT & T  
 ADDRESS (Business Address Acceptable)  
1215 K Street, #1800, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 27 / 10</u>	<u>\$ 344</u>	<u>Ticket to World Series</u>
<u> / / </u>	<u>\$ _____</u>	<u>Game 1</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: \_\_\_\_\_

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

Name  
 Juan C. Vargas

- **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.**

<p>▶ NAME OF SOURCE  <u>CA Independent Voter Project</u>                  ADDRESS (Business Address Acceptable)  <u>2350 Kerner Blvd., #250</u>                  CITY AND STATE  <u>San Rafael, CA</u>                  BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)  <u>Policy Information Network</u>                  DATE(S): <u>11 / 14 / 10 - 11 / 19 / 10</u> AMT: \$ <u>1500</u>  <i>(if applicable)</i>                  TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income                  DESCRIPTION: <u>Hotel accommodations (panelist at CAIVP Conference in Hawaii)</u></p>	<p>▶ NAME OF SOURCE  <u>Association of CA Life and Health Insurance Comp.</u>                  ADDRESS (Business Address Acceptable)  <u>1201 K Street, #1820</u>                  CITY AND STATE  <u>Sacramento, CA</u>                  BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)  <u>Professional Association</u>                  DATE(S): <u>9 / 22 / 10 - 9 / 24 / 10</u> AMT: \$ <u>1007</u>  <i>(if applicable)</i>                  TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income                  DESCRIPTION: <u>Lodging and Travel (presentation at ACHLIC Roundtable in Pebble Beach)</u></p>
<p>▶ NAME OF SOURCE  <u>CA Independent Voter Project</u>                  ADDRESS (Business Address Acceptable)  <u>2350 Kerner Blvd., #250</u>                  CITY AND STATE  <u>San Rafael, CA</u>                  BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)  <u>Policy Information Network</u>                  DATE(S): <u>11 / 14 / 10 - 11 / 19 / 10</u> AMT: \$ <u>397</u>  <i>(if applicable)</i>                  TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income                  DESCRIPTION: <u>Airfare (panelist at CAIVP Conference in Hawaii)</u></p>	<p>▶ NAME OF SOURCE  <u>CA Correctional Peace Officers Association</u>                  ADDRESS (Business Address Acceptable)  <u>755 Riverpoint Drive</u>                  CITY AND STATE  <u>West Sacramento, CA</u>                  BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)  <u>Professional Association</u>                  DATE(S): <u>12 / 1 / 10 - 12 / 1 / 10</u> AMT: \$ <u>395.40</u>  <i>(if applicable)</i>                  TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income                  DESCRIPTION: <u>Roundtrip airfare (Present at a CCPOA meeting in West Sacramento)</u></p>

Comments: Continued on next page

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

Name  
 Juan C. Vargas

- 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  
 American Council of Life Insurers

ADDRESS (Business Address Acceptable)  
 1301 Constitutional Ave., NW

CITY AND STATE  
 Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Professional Association

DATE(S): 10 / 16 / 10 - 10 / 18 / 10 AMT: \$ 264  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Hotel accommodations (panelist at ACLI  
 Conference in Baltimore, MD)

▶ 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  
 Personal Insurance Federation of CA

ADDRESS (Business Address Acceptable)  
 1201 K Street, #1220

CITY AND STATE  
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Professional Association

DATE(S): 10 / 14 / 10 - 10 / 15 / 10 AMT: \$ 839.72  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Travel and lodging (guest speaker at PIFC  
 Annual Planning Retreat)

▶ 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: \_\_\_\_\_



RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
**SCHEDULE B**

**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

► STREET ADDRESS OR PRECISE LOCATION  
1133 39th Street  
CITY  
Sacramento, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

NATURE OF INTEREST  
 Ownership/Deed of Trust     Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining     \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Bill Nunes and Lisa Braun

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
JP Morgan/Chase  
ADDRESS (Business Address Acceptable)  
1905 Arden Way, Sacramento, CA  
BUSINESS ACTIVITY, IF ANY, OF LENDER  
Financial Lending Services  
INTEREST RATE                      TERM (Months/Years)  
4.75 %     None                      360 mos  
HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000  
 Guarantor, if applicable

► STREET ADDRESS OR PRECISE LOCATION  
\_\_\_\_\_  
CITY  
\_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

NATURE OF INTEREST  
 Ownership/Deed of Trust     Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining     \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Verification**

Print Name Juan Vargas

Office, Agency or Court State Senate

Statement Type     2010/2011 Annual     Assuming     Leaving  
 \_\_\_\_\_ Annual     Candidate  
(yr)

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 6/1/11  
 (d)(5)                      \_\_\_\_\_  
(year)

Signature \_\_\_\_\_