

Please type or print in ink.

2011 MAR -1 PM 5:07

NAME OF FILER (LAST) Walters (FIRST) Mimi (MIDDLE) K

1. Office, Agency, or Court

Agency Name State Senate Your Position State Senator
Division, Board, Department, District, if applicable. District 33

► 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)

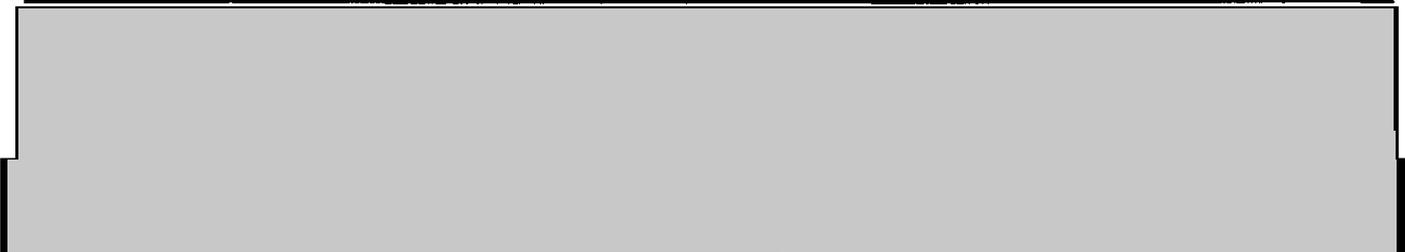
- Annual: The period covered is January 1, 2010, through December 31, 2010. Leaving Office: Date Left ____/____/____
-or- (Check one)
- Assuming Office: Date ____/____/____ The period covered is January 1, 2010, through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____ 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



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 A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Mimi Walters

▶ NAME OF BUSINESS ENTITY
Northwest Venture Assoc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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
CRI Bridge Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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
Madrona Partners

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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
Digital Map

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Services

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
CRI Partners

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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
GVI

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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

Comments: _____

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

▶ NAME OF BUSINESS ENTITY
Satellite

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer Housing

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 DISPOSED 10 * stock went to ~~Ø~~

▶ NAME OF BUSINESS ENTITY
American Affinity Partners

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Human Resources

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 DISPOSED 10 * stock went to ~~Ø~~

▶ NAME OF BUSINESS ENTITY
Nomadix

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Data Storage

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 DISPOSED 10 * stock went to ~~Ø~~

▶ NAME OF BUSINESS ENTITY
Redamation Consulting Resources

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Coatings RCM

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 DISPOSED 10 * stock went to ~~Ø~~

▶ NAME OF BUSINESS ENTITY
Trade Bonds

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Broker Dealer

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 DISPOSED 10 * stock went to ~~Ø~~

▶ NAME OF BUSINESS ENTITY
Flexscan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Healthcare

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 DISPOSED 10 * stock went to ~~Ø~~

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name Mimi Waters

NAME OF BUSINESS ENTITY Management Energy Inc (MMEX)
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Energy
 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 Comcast Corporation
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Cable/telecommunications
 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 bonds
 (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 Trans-Pacific Aerospace Co (TPAC)
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Aerospace
 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 Goldman Sachs
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY investment
 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 bonds
 (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 Axiologia Education Corp (AXLX)
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Educational Software
 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:
9 / 13 / 10 ____/____/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY Tyco International
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY manufacturing/services
 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 bonds
 (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

Comments: * previously Pinnacle Energy Corp. 7/10

STI Group, Inc.

(includes wholly owned subsidiaries Systems Evolution, Inc. and Solana Technologies, Inc.)

David Walters Ownership Interest	95.00%
Mimi Walters Community Property Interest	47.5%
Threshold for Disclosure	\$ 21,052.63

Customers that Provided Gross Revenue of \$21,053 or greater

TX Health & Human Services Commission

Agile Consulting, LLC

Texas Commission on Environmental Quality

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name
Mimi Walters

▶ 1. BUSINESS ENTITY OR TRUST

Bounce Mobile Systems
 Name
30950 Rancho Viejo Rd. #120 SJC, CA 92075
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GPS Tracking

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 INVESTMENT
 Sole Proprietorship - Partnership majority shareholder

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

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
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Cardiff Partners
 Name
30950 Rancho Viejo Rd #120, SJC, CA 92075
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Business consulting service

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 INVESTMENT
 Sole Proprietorship - Partnership - _____ Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

see attached list

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

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
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Cardiff Partners

David Walters Ownership Interest	50.00%
Mimi Walters Community Property Interest	25.0%
Threshold for Disclosure	\$ 40,000.00

Customers that Provided Gross Revenue of \$40,000 or greater

Triangle T Partners, LLC
Axiologix Education Corporation
S&W Seed Company
BMSI, Inc.
Remote Dynamics, Inc.
*Monarch Staffing, Inc.

Lending Institutions that Provided Loans of \$40,000 or greater

None

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST
Monarch Staffing (cont.)
 Name
30950 Rancho Viejo Rd #128, SJC, CA 92075
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

American Healthcare Recruiting
 Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Healthcare Staffing Company
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 9/23/10 _____/_____/10
 \$10,001 - \$100,000 _____/_____/10 _____/_____/10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property _____

Description of Business Activity or
 City or Other Precise Location of Real Property _____

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

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Monarch Staffing Inc.
(previously MT Ultimate Healthcare)
(includes wholly owned subsidiaries Drug Consultants, Inc., Drug Consultants International, and American Healthcare Recruiting)

David Walters Ownership Interest	40.10%
Mimi Walters Community Property Interest	20.1%
Threshold for Disclosure	\$ 49,875.31

Customers that Provided Gross Revenue of \$49,875.31 or greater

Below are customers of Drug Consultants, Inc. (a subsidiary of Monarch Staffing, Inc)

Avenal State Prison
Calipatria State Prison
CCI Tehachapi
Cen CA Women's Facility / Chowchilla
Centinela State Prison
Chuckawalla State Prison
CMF Vacaville
Coalinga
Corcoran
Correctional Training Facility / Soledad
CSAT
CSP Sacramento
CSP Solano
Deuel Vocational Institution
High Desert State Prison
Ironwood
Kern Valley State Prison
Lancaster
Mule Creek State Prison
North Kern
Northern California Youth Center
Pleasant Valley State Prison
R.J. Donovan Correctional Facility
Salinas Valley Prison
San Quentin State Prison
Valley State Prison For Women
Wasco State Prison

Below are customers of American Healthcare Recruiting, Inc. (a subsidiary of Monarch Staffing, Inc)

California Department of Corrections
Sonora Regional Medical Center
Anesthesiologists Associates, Inc

Lending Institutions that Provided Loans of \$49,875.31 or greater

None

Monarch Bay Associates, LLC

David Walters Ownership Interest	50.00%
Mimi Walters Community Property Interest	25.0%
Threshold for Disclosure	\$ 40,000.00

Customers that Provided Gross Revenue of \$40,000 or greater

Monarch Staffing, Inc.
Remote Dynamics, Inc.
Integrated Resource Recovery

Lending Institutions that Provided Loans of \$40,000 or greater

None

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name Secured Residential Funding
 Address (Business Address Acceptable) 30950 Rancho Viejo Rd #120 SJC, CA 920675
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mortgage Broker

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 12/1/10 DISPOSED _____

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

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 _____ DISPOSED 10/1/10

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name CCN MV, LLC
 Address (Business Address Acceptable) 30950 Rancho Viejo Rd #120 SJC, CA 920675
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Advertising

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 _____ DISPOSED 10/1/10

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

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 _____ DISPOSED 10/1/10

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

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 _____

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 _____

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 _____

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 _____

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: _____

