CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
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1. Office, Agency, or Court

Agency Name: California State Senate / Senator

Division, Board, Department, District, if applicable | Your Position

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

Agency: _____ Position: _____

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **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
- [x] **Schedule B** - *Real Property* – schedule attached
- [ ] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5.

I have used all reasonable diligence in preparing this statement. I have reviewed this
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 2/28/11 *(month, day, year)* **Signature**

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Name

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
1849 Shattuck #1

CITY
Berkeley CA

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

NATURE OF INTEREST
- [x] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $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.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 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.

* 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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% [ ] None

TERM (Months/Years)

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 _____% [ ] None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

[ ] Guarantor, if applicable

Comments: _____

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Name

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Green Toys	912 Cole St #283 SF 94117		1/20/10	$25	Toy Truck
CA Women for Agriculture	POB 947 Kingsburg CA 93631		3/23/10	$15	Food
Calif. Citrus Mutual	512 No Kaweah Ave Exeter CA 93221		2/16/10	$8.50	Fruit
Calif State Floral Ass	1521 I St SAC CA 95814		3/23/10	$16.95	Flowers
CA Rice Commission	8801 Folsom Blvd #172 Sacto		3/1/10	$28.71	Food
CSUS Foundation	POB 2367 Turlock CA 95381		4/5/10	$23.98	Food

Comments:

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE: Personal Care Products
ADDRESS (Business Address Acceptable): 1101 17th St NW #300 DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/1/10	$ 49.19	Consumer Products
/ /	$	
/ /	$	

► NAME OF SOURCE: Daisy McArthur
ADDRESS (Business Address Acceptable): 980 Bush St # 212 SF 94109
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/26/10	$ 26.45	Candy
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Faculty Assn
ADDRESS (Business Address Acceptable): 980-9th St #2250 SAC 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/26/10	$ 158.78	Achievement Award
/ /	$	
/ /	$	

► NAME OF SOURCE: Chico Bag Company
ADDRESS (Business Address Acceptable): 349 Huss Drive Chico 95928
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/29/10	$ 10	2 Chico Bags
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Beer Distributors
ADDRESS (Business Address Acceptable): 1415 L St #890 SAC 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/27/10	$ 2	Peanuts.
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Grape Tree Fruit
ADDRESS (Business Address Acceptable): 978 N. Alluvial Avenue #107 Fresno
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/1/10	$ 15	Fruit.
/ /	$	
/ /	$	

Comments:

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SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
CA Ass of the Deaf	529 Las Tunas Drive Arcadia		9/30/10	$ 9.50	T Shirt
Chung Hai International Ass	POB 730247 San Jose 95173		12/4/10	$ 12	Book + Bag
Roll International Corp	11444 Olympic Blvd LA 90064		12/15/10	$ 12	Holiday Gift Box
Lucky Chans	1700 Hillside Blvd Colm.		7/17/10	$ 200	Food
Taipei Econmic Cultural Office	555 Montgomery St #501 94111		12/17/10	$ 75	Flower

Comments: _____

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

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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: Calif Dem Party
ADDRESS (Business Address Acceptable): 1401 21st St #200 ~~SAC~~
CITY AND STATE: Sac 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): 1/12/10 - / / (If applicable) AMT: $ 33.56
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
DESCRIPTION: Breakfast

▶ NAME OF SOURCE: National Education Ass
ADDRESS (Business Address Acceptable): 1201 16th St NW #616
CITY AND STATE: Washington DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): 7/2/10 - 7/4/10 (If applicable) AMT: $ 1115.80
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
DESCRIPTION: Award Ceremony + dinner Airfare + lodging

▶ NAME OF SOURCE: Engineering + Utility Contractor
ADDRESS (Business Address Acceptable): 17 Crow Canyon Cont #100
CITY AND STATE: San Ramon CA 94583
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): 5/7/10 - / / (If applicable) AMT: $ 99.2
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
DESCRIPTION: Dinner

▶ NAME OF SOURCE: Civil Justice Ass of Calif
ADDRESS (Business Address Acceptable): 1201 K St #1850
CITY AND STATE: Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): 8/4/10 - / / (If applicable) AMT: $ 104.63
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
DESCRIPTION: Reception

Comments: