

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only



RECORDED
FAIR POLITICAL
PRACTICES
COVER PAGE

Please type or print in ink.

2013 MAR 1 PM 5:37
NAME OF FILER (LAST) (FIRST) (MIDDLE)
Horton Jerome Edgar

1. Office, Agency, or Court

Agency Name
California State Board of Equalization
Division, Board, Department, District, if applicable
Board Member -4th District
Your Position

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

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

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

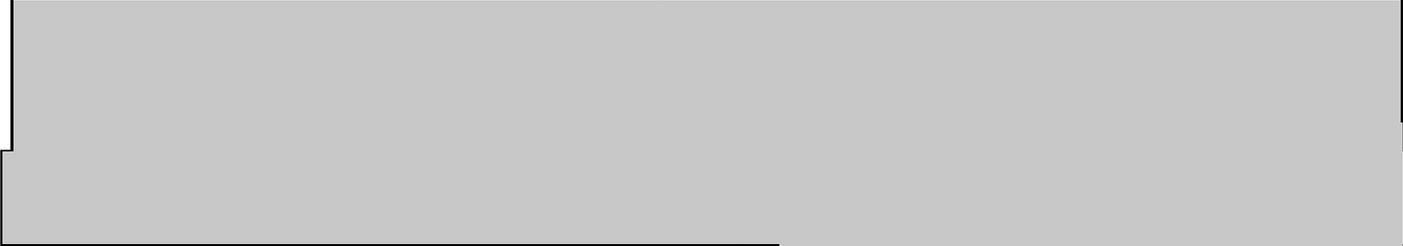
- Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____ through December 31, 2012.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is _____ through the date of leaving office.
- Candidate: Election year _____ and 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

5. Verification

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



Date signed _____ Signature _____
(month, day, year)

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FEB 28 2013

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
JEROME E. HORTON

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|--|--|
| NAME OF SOURCE OF INCOME <hr/> ADDRESS (Business Address Acceptable) <hr/> BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr/> YOUR BUSINESS POSITION <hr/> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more <hr/> <input type="checkbox"/> Other _____ <small>(Describe)</small> | NAME OF SOURCE OF INCOME <hr/> ADDRESS (Business Address Acceptable) <hr/> BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr/> YOUR BUSINESS POSITION <hr/> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more <hr/> <input type="checkbox"/> Other _____ <small>(Describe)</small> |

▶ 2. LOANS RECEIVED OR OBTAINED DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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* Chase Bank <hr/> ADDRESS (Business Address Acceptable) P.O. Box 7842 <hr/> BUSINESS ACTIVITY, IF ANY, OF LENDER Phoenix, AZ 85062-8420 <hr/> HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 | INTEREST RATE TERM (Months/Years) 4 _____% <input type="checkbox"/> None 20 <hr/> SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input checked="" type="checkbox"/> Real Property 6221 Overhill <small>Street address</small> Los Angeles, CA 90043 <small>City</small> <input type="checkbox"/> Guarantor Jerome E. Horton <hr/> <input type="checkbox"/> Other _____ <small>(Describe)</small> |
|---|--|

Comments: _____

SCHEDULE D
Income – Gifts

Name
JEROME E. HORTON

▶ NAME OF SOURCE (Not an Acronym)
Timothy Walker

ADDRESS (Business Address Acceptable)
17210 S Main Street, Gardena, CA 90248

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Enterprise Rent-A-Car Company Los Angeles

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 10 / 12 | \$ 15.07 | Lunch |
| | \$ | |
| | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
Gene Hale

ADDRESS (Business Address Acceptable)
5100 W Goldleaf Circle, 203, Los Angeles, CA 90056

BUSINESS ACTIVITY, IF ANY, OF SOURCE
GLAAACC

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 18 / 12 | \$ 37.58 | Dinner |
| 04 / 18 / 12 | \$ 37.58 | Dinner for wife |
| | \$ | |
| | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
Sony Pictures Entertainment

ADDRESS (Business Address Acceptable)
10202 W Washington Blvd., Culver City, CA 90232

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Special Screening

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 30 / 12 | \$ 15.00 | Ticket |
| 06 / 30 / 12 | \$ 15.00 | Ticket for wife |
| 06 / 30 / 12 | \$ 15.00 | Ticket for daughter |

▶ NAME OF SOURCE (Not an Acronym)
California Hispanic Chamber of Commerce*

ADDRESS (Business Address Acceptable)
770 L Street, Suite 900, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Convention Gala Dinner/San Diego

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08 / 17 / 12 | \$ 56.00 | Dinner |
| 08 / 17 / 12 | \$ 56.00 | Dinner for wife |
| | \$ | |
| | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
California Legislative Black Caucus Policy Institute*

ADDRESS (Business Address Acceptable)
5429 Madison Avenue, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education and Youth Leadership Fund

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 20 / 12 | \$ 174.00 | Spa Treatment |
| 10 / 20 / 12 | \$ 174.00 | Spa Treatment |
| | \$ | |
| | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
Marcus Allen Frishman

ADDRESS (Business Address Acceptable)
20140 Plenza Lane, Porter Ranch, CA 91326

BUSINESS ACTIVITY, IF ANY, OF SOURCE
The Marcus Allen Frishman Group

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 29 / 12 | \$ 19.94 | Lunch |
| | \$ | |
| | \$ | |

Comments: *Spoke at the event.

SCHEDULE D
Income - Gifts

Name
JEROME E. HORTON

▶ NAME OF SOURCE (Not an Acronym)
State Bar of California*

ADDRESS (Business Address Acceptable)
180 Howard Street, San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney Licensing Public Entity

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 11 / 01 / 12 | \$ 208.98 | Hotel Accomodation |
| 11 / 02 / 12 | \$ 208.98 | Hotel Accomodation |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
Christopher McGrath

ADDRESS (Business Address Acceptable)
8607 Westwood Center Drive, Vienna, VA 22182

BUSINESS ACTIVITY, IF ANY, OF SOURCE
FELD Entertainment

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 07 / 14 / 12 | \$ 158.00 | Tickets |
| 12 / 15 / 12 | \$ 158.00 | Tickets |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

Name
JEROME E. HORTON

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
California Legislative Black Caucus Policy Institute

ADDRESS (Business Address Acceptable)
5429 Madison Avenue

CITY AND STATE
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education and Youth Leadership Fund

DATE(S): 10 / 19 / 12 - 10 / 21 / 12 AMT: \$ 2,036.41
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Room and Board (Including meals)

▶ NAME OF SOURCE (Not an Acronym)
City of Los Angeles

ADDRESS (Business Address Acceptable)
1400 K Street, Room 206

CITY AND STATE
Sacramento, CA

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

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 360.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
LAX Parking and Shuttle Services

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / AMT: \$

(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / AMT: \$

(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

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 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name JEROME E. HORTON |
|---|

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
JEROME E. HORTON

▶ 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:

| | | |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> \$0 - \$1,999 | _____ / _____ / <u>12</u> | _____ / _____ / <u>12</u> |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION _____

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

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

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

None

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

| | | |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> \$2,000 - \$10,000 | _____ / _____ / <u>12</u> | _____ / _____ / <u>12</u> |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

Comments: _____

▶ 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:

| | | |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> \$0 - \$1,999 | _____ / _____ / <u>12</u> | _____ / _____ / <u>12</u> |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION _____

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

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

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

None

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

| | | |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> \$2,000 - \$10,000 | _____ / _____ / <u>12</u> | _____ / _____ / <u>12</u> |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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