

Richard A. Alarcon

EB

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

RECEIVED
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
12 MAR 23 AM 11:56

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LOS ANGELES COUNTY
2012 MAR 23 AM 11:56

Please type or print in ink.

NAME OF FILER (LAST) Alarcon (FIRST) Richard (MIDDLE)

1. Office, Agency, or Court

Agency Name
California State Assembly
Division, Board, Department, District, if applicable
39th District
Your Position
Assemblymember Candidate

► 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, 2011, through December 31, 2011.
-or-
The period covered is ____/____/____, through December 31, 2011.
 Assuming Office: Date assumed ____/____/____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2011, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election Year 2012 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



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 March 7, 2012
(month, day year)

Signature

SCHEDULE D
Income – Gifts

Name
Richard Alarcon

▶ NAME OF SOURCE
Cavalia

ADDRESS (Business Address Acceptable)
5100 Hutchison, #300, Montreal, Quebec H2V4A9

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 19 / 11</u>	\$ <u>375.00</u>	<u>3 tix to show</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>
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Comments: _____