

EB

2012 CN for AD 84 Dist

2012 MAR 27 AM 8:29

12 MAR -9 AM 11:58

[Signature]

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cooley Kenneth Wm.

1. Office, Agency, or Court

Agency Name
California State Legislature
Division, Board, Department, District, if applicable
Assembly
Your Position
Assemblymember

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

Agency: _____ Position: _____

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

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

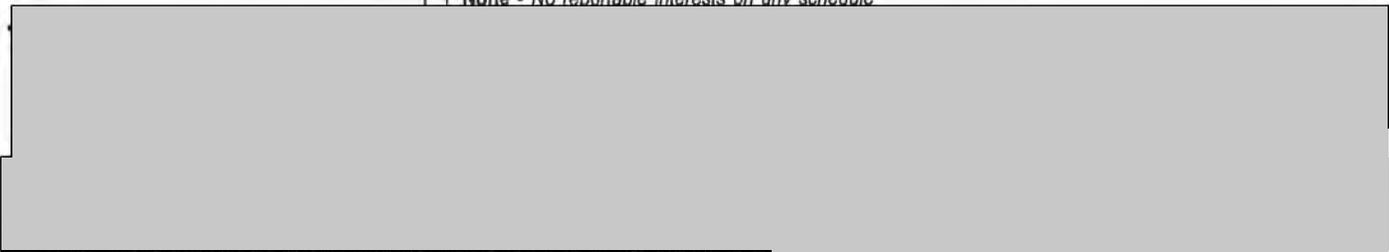
Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- 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



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 true and correct statement. I certify under penalty of perjury under the laws of the State of California that

Date Signed March 8, 2012 Signature _____
(month, day, year)

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

Ken Cooley

▶ NAME OF BUSINESS ENTITY
Transportation Networks International, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Wireless transp. Network Internet 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:
 / /11 / /11
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
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NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
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ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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IF APPLICABLE, LIST DATE:
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ACQUIRED DISPOSED

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 \$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:
 / /11 / /11
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:
 / /11 / /11
ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
Ken Cooley

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
10624 Chardonay Drive

CITY
Rancho Cordova, Ca. 95670

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 / /11 DISPOSED / /11

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.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
11150 Trinity River Dr., #122

CITY
Rancho Cordova, Ca. 95670

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 / /11 DISPOSED / /11

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.
Bryce Cooley

* 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 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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ken Cooley

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Cordova Neighborhood Church</u> ADDRESS (Business Address Acceptable) <u>10600 Coloma Road, Rancho Cordova, CA. 95670</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Church</u> YOUR BUSINESS POSITION <u>n/a</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" 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 _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____ 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 _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING 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* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ 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 type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Ken Cooley

▶ NAME OF SOURCE
Assoc. of Calif. Life & Health Ins. Cos.
ADDRESS (Business Address Acceptable)
1201 K St., Suite 1801, Sacramento, Ca. 95841
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Life and Health Insurance Trade Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 3 / 11</u>	<u>\$ 18.91</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Assoc. of Calif. Insurance Cos.
ADDRESS (Business Address Acceptable)
1415 L Street, Sacramento, Ca. 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Trade Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 22 / 11</u>	<u>\$ 44.36</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Michelman & Robinson
ADDRESS (Business Address Acceptable)
915 L Street, Sacramento, Ca. 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
A Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 27 / 11</u>	<u>\$ 220.00</u>	<u>Dinner (Estimated)</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
League of California Cities
ADDRESS (Business Address Acceptable)
1400 K Street, Sacramento, Ca. 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Municipal Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 13 / 11</u>	<u>\$ 119.25</u>	<u>Lodging</u>
<u>10 / 14 / 11</u>	<u>\$ 95.97</u>	<u>Meals</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Geico Insurance Co.
ADDRESS (Business Address Acceptable)
455 Capitol Mall, Suite 600, Sacramento, Ca. 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 1 / 11</u>	<u>\$ 41.00</u>	<u>St. Hope Dinner</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>

Comments: _____

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

Name
 Ken Cooley

- 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. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
 Association of Calif. Life & Health Ins. Cos.

ADDRESS (Business Address Acceptable)
 1201 K Street., Suite 1801

CITY AND STATE
 Sacramento, Ca.

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Life & Health Ins. Trade Association

DATE(S): 9 / 21 / 11 - 9 / 23 / 11 AMT: \$ 1963.04
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

See Attached Detail

▶ NAME OF SOURCE
 Assoc. of Calif. Insurance Cos.

ADDRESS (Business Address Acceptable)
 1415 L St.

CITY AND STATE
 Sacramento, Ca. 95814

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

DATE(S): 7 / 27 / 11 - 7 / 29 / 11 AMT: \$ 950.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

ACIC General Counsel Seminar. 950.00 is estimate for lodging/food. I paid travel/airport parking expense.

▶ NAME OF SOURCE

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

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: _____

FPPC Form 700

Filer: Ken Cooley Agency: California State Assembly Candidate Filing

Schedule E Detail

Program Participation Travel Detail

NAME OF SOURCE: Association of California Life and Health Insurance Companies

ADDRESS: 1201 K Street, Suite 1820, Sacramento, Ca. 95814

BUSINESS ACTIVITY: Life and Health Insurance Trade Association

PROGRAM DATES: September 21, 22 and 23, 2011

Date	Value	Description
9/21/2011	\$ 439.50	Round Trip Airfare
9/21/2011	\$ 80.79	Rental Car
9/21/2011	\$ 375.47	Lodging at Hyatt Aviara
9/21/2011	\$30.00	Parking at Hyatt Aviara
9/21/2011	\$ 11.00	Porterage at Hyatt Aviara
9/21/2011	\$ 193.65	Meet & Greet Buffett
9/22/2011	\$ 375.47	Lodging at Hyatt Aviara
9/22/2011	\$ 30.00	Parking at Hyatt Aviara
9/22/2011	\$ 73.96	Luncheon
9/22/2011	\$ 247.41	Reception and Dinner
9/23/2011	\$ 78.79	Breakfast
9/23/2011	\$ 27.00	Airport Parking

REPORTABLE TRAVEL TOTAL: \$1,963.04

Comments: The above are travel-related payments for actual transportation, related lodging and meals provided the day immediately preceding, the day of, and/or the day immediately following my participation in the program on Thursday 9/22 and Friday 9/23.

Gifts subject to the FPPC Annual \$420.00 Gift Limit: \$0.00