

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

AC

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FILED
MAR 14 2012
Date Received
Fresno County

12 MAR 22 AM 9:28

FRESNO COUNTY CLERK
By [Signature] DEPUTY
(MIDDLE)

Please type or print in ink.

NAME OF FILER JIM PATTERSON (FIRST)

1. Office, Agency, or Court

Agency Name 23RD AD ~~XXXXXX~~ 23RD ASSEMBLY DISTRICT
Division, Board, Department, District, if applicable Your Position

FILED
In the office of the Secretary of State
of the State of California

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

Agency: _____ Position: _____ MAR 19 2012 L/MP

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

State CA AD 23 Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other _____

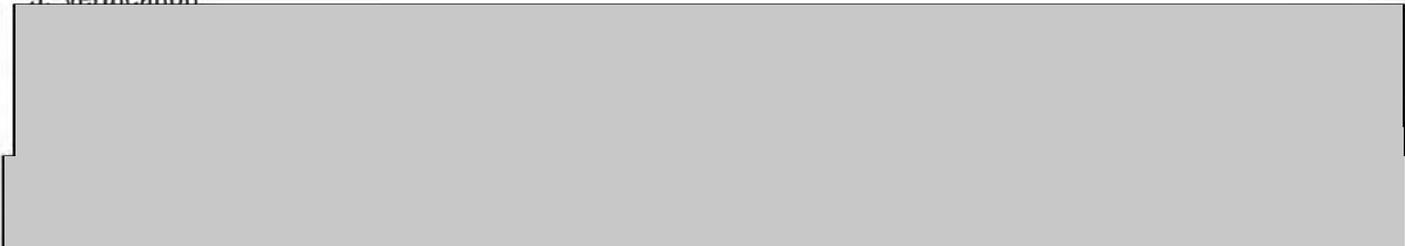
3. Type of Statement (Check at least one box)

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 _____
 Candidate: Election Year 2012 Office sought, if different than Part 1: CA AD 23
 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.

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

5. Verification



I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/14/2012 Signature _____
(month, day, year)

AL

RECEIVED FAIR POLITICAL PRACTICES COMMISSION STATEMENT OF ECONOMIC INTERESTS

FILED

MAR 15 2012 Date Received Official Use Only

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

2012 APR -2 AM 7:59 COVER PAGE

FRESNO COUNTY CLERK

BY [Signature] DEPUTY (MIDDLE)

Please type or print in ink.

NAME OF FILER Jim PATTERSON (FIRST)

1. Office, Agency, or Court

Agency Name: 23RD AD [Signature] 23RD ASSEMBLY DISTRICT

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

FILED In the office of the Secretary of State of the State of California

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

Agency: Position: MAR 15 2012

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

- State CA AD 23
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.
Leaving Office: Date Left
Multi-County
City of
Assuming Office: Date assumed
Candidate: Election Year 2012 Office sought, if different than Part 1: CA AD 23

4. Schedule Summary

- Check applicable schedules or "None."
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
None - No reportable interests on any schedule

5. Verification

(d)(5) STATE ZIP CODE

I have done an exhaustive check in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/14/2012 (month, day, year)

(d)(5) 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 JIM ANDERSON

▶ NAME OF BUSINESS ENTITY
COMPASS BROADCASTING, INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RADIO STATION

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:
8/01/11 / /11
 ACQUIRED DISPOSED

FILED
 In the office of the Secretary of State
 of the State of California

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

MAR 19 2012

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
KGET RADIO STATION

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

▶ 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
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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

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
JIM PATIBRESIN

1. BUSINESS ENTITY OR TRUST

Name COMPASS BROADCAST, INC
134 W. OLIVE AVE FRESNO, CA
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RADIO STATION
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 8/2011 / / 11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
NATURE OF INVESTMENT
 Sole Proprietorship Partnership CORP.
YOUR BUSINESS POSITION MANAGING DIRECTOR

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.)

N/A

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

Check one box:
 INVESTMENT REAL PROPERTY N/A

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
N/A

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 N/A / / 11 / / 11
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 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 N/A
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:
 \$0 - \$1,999 / / 11 / / 11
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 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, if Investment, or Assessor's Parcel Number or Street Address of Real Property
N/A

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 11 / / 11
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 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

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In the office of the Secretary of State
of the State of California
MAR 19 2012

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
JICA PATTERSON

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7256 N. TEILMAN

CITY
FRESNO, CA (My Home)

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

IF APPLICABLE, LIST DATE:
 ACQUIRED / 11 / DISPOSED / 11 /
THIRTY YEARS AGO

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

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:
 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.

* 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* NONE

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

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

FILED
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 of the State of California

MAR 19 2012

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Jim Patterson

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>KCESD RADIO STATION</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>139 W. OLIVE FRODO, CA</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>RADIO STATION</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>N/A</u>
YOUR BUSINESS POSITION <u>MANAGING DIRECTOR</u>	YOUR BUSINESS POSITION
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	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 checked="" 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>	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* <u>NONE</u>	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	
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	<div style="text-align: center;"> FILED In the office of the Secretary of State of the State of California MAR 19 2012 </div>	

Comments: _____

NONE

**SCHEDULE D
Income - Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
JIM PATTERSON

<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table border="1"><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table border="1"><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr><tr><td>___/___/___</td><td>\$ _____</td><td>_____</td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____	___/___/___	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
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___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							
___/___/___	\$ _____	_____																							

FILED
In the office of the Secretary of State
of the State of California
MAR 10 2012

Comments: _____

NONE

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jim Patterson

- 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.

<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (if gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (if gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (if gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (if gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>

FILED
In the office of the Secretary of State
of the State of California

MAR 19 2012

Comments: _____