

AC

CN 2012 AD 40

STATEMENT OF ECONOMIC INTERESTS

FILED

Date Received
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RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

APR 18 2012

BY C.M. DEPUTY
REGISTRAR OF VOTERS

Please type or print in ink.

NAME OF FILER (LAST) WARNER Russell (FIRST)
12 MAY 2 AM 11:25

1. Office, Agency, or Court

Agency Name
California STATE LEGISLATURE
Division, Board, Department, District, if applicable
Assembly 40th A.D.
Your Position
CANDIDATE FOR Assembly

► 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-
- 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.
- Assuming Office: Date assumed ____/____/____
- Candidate: Election Year _____ 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



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

Date Signed 4-17-12
(month, day, year)

Signature

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

| |
|--|
| <p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <u>Russ Warner</u></p> |
|--|

▶ **NAME OF BUSINESS ENTITY**
McDonald's Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAST FOOD RESTAURANT

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**
Merrill Lynch

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment Brokerage Firm

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 SEPLIRA ACCOUNT
(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**
Chase Bank, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Domestic Bank

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
 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

▶ **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 D
Income – Gifts

Name
Russ Warner

▶ NAME OF SOURCE
None

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
None

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
None

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
None

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
None

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
None

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 _____

- 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
None

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
None

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
None

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
None

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: _____