CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
MAR 01 2013
BY:

Please type or print in ink.

NAME OF FILER (LAST): ALEJO (FIRST): LUIS (MIDDLE):

1. Office, Agency, or Court

2013 MAR -1 PM 2:28

Agency Name: STATE ASSEMBLY

Division, Board, Department, District, if applicable: 28th Assembly District (30th from 12/6-12/30/12)

Your Position: State Assemblymember

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

Agency: _____ Position: _____

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

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

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

- [x] **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 ___/___/_____
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- [ ] **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.

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 9

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **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 t

Date Signed 02/27/2013 (month, day, year)

Signature

RECEIVED

Date Received
MAR 11 2013
BY: Olga

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
AMENDMENT

2013 MAR 11 PM 4:34

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Alejo	Luis	Angel

1. Office, Agency, or Court

Agency Name
State Assembly

Division, Board, Department, District, if applicable: 28th Assembly District (30th District from 12/6-12/30/12)

Your Position: State 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 _____ 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 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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
(d)(5)				

I have used all reasonable diligence 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 [redacted]

I certify under penalty of perjury under the laws of the State of California th[redacted]

Date Signed 3/11/13 (month, day, year) Signat[redacted]

(d)(5)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Luis Angel Alejo

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CA State Assembly

ADDRESS (*Business Address Acceptable*)
State Capitol Room 2117 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
State Assemblymember

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ (*Real property, car, boat, etc.*)
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ (*Describe*)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ (*Real property, car, boat, etc.*)
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ (*Describe*)

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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ (*Street address*)
_____ (*City*)
☐ Guarantor _____
☐ Other _____ (*Describe*)

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Luis Angel Alejo

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Joseph Sanchez
ADDRESS (Business Address Acceptable)
200 E. Santa Clara St. San Jose CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Individual

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 28 / 12	$ 127.00	Boxing Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Pebble Beach Company
ADDRESS (Business Address Acceptable)
P.O. Box 567 Pebble Beach CA 93553
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tourism

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 12	$ 285.00	Concours Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Barona Band of Mission Indians
ADDRESS (Business Address Acceptable)
1095 Barona Rd. Lakeside CA 92040
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 12	$ 364.07	Dinner/Transportation
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
UC Santa Cruz
ADDRESS (Business Address Acceptable)
1156 High St. Santa Cruz CA 95064
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 12	$ 95.00	Annual Dinner Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Gerardo Espinoza
ADDRESS (Business Address Acceptable)
740 Adobe Place Monterey Park CA 91754
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Relations, Artist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 26 / 12	$ 52.00	Transportation
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Vicente Ortiz
ADDRESS (Business Address Acceptable)
2144 E. Florence Ave. Walnut Park CA 90255
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurenteur

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 12	$ 390.00	Hotel
/ /	$	
/ /	$	

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Luis Angel Alejo

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Telacu Education Foundation
ADDRESS (Business Address Acceptable)
5400 E. Olympic Blvd 3rd Fl. Los Angeles CA 90022
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 08 / 12	$ 105.00	Annual Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Western State Petroleum Association
ADDRESS (Business Address Acceptable)
2350 Kerner Blvd. Ste. 250 San Rafael CA 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 12	$ 323.25	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
California Judges Association
ADDRESS (Business Address Acceptable)
88 Kearny St. Ste. 1850 San Francisco CA 94108
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Judicial

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 12	$ 50.13	Reception Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
John Perez for Assembly 2012
ADDRESS (Business Address Acceptable)
777 S. Figueroa St. Ste 4050 Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 02 / 12	$ 82.24	Dinner
12 / 02 / 12	$ 85.80	Personalized Bowl
12 / 02 / 12	$ 49.40	Reception

▶ NAME OF SOURCE (Not an Acronym)
Hollister Hills SVRA
ADDRESS (Business Address Acceptable)
7800 Cienega Rd. Hollister CA 95023
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Off Highway Vehicle Recreation, State Parks

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 12	$ 137.82	Shirt/Helmet/Gloves
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Gilroy Garlic Festival Association
ADDRESS (Business Address Acceptable)
P.O. Box 2311 Gilroy CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agricultural

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 28 / 12	$ 82.00	Annual Festival
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Luis Angel Alejo

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Monterey County Business Council
ADDRESS (Business Address Acceptable)
P.O. Box 2746 Monterey CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 12	$ 175.00	Annual Dinner Ticket
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st St. Ste. 200 Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 12	$ 135.88	Policy Conference
08 / 15 / 12	$ 39.19	Breakfast
11 / 08 / 12	$ 61.71	Lunch

▶ NAME OF SOURCE (Not an Acronym)
CA Healthcare Institute Bay Bio
ADDRESS (Business Address Acceptable)
888 Prospect St. Ste 220 La Jolla Ca 92037
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bio-medical Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 12	$ 285.08	Annual Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Western Growers
ADDRESS (Business Address Acceptable)
1415 L. St. Ste. 1080 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agricultural

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 12	$ 43.00	Annual Reception
03 / 14 / 12	$ 42.00	Reception/Latino Caucus
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Filipino Community of Watsonville
ADDRESS (Business Address Acceptable)
2448 Freedom Blvd. Watsonville CA 95076
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 12	$ 60.00	Annual Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
South Bay Labor Council AFL-CIO
ADDRESS (Business Address Acceptable)
2102 Almaden Rd. Ste. 107 San Jose CA 95215
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 12	$ 50.00	Annual Sec Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Luis Angel Alejo

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Guillermo Sauza
ADDRESS (Business Address Acceptable)
Vicente Albino Rojas #22 Jalisco Mexico
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Distillery Owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 27 / 12	$ 100.00	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Jorge Vergara Madrigal
ADDRESS (Business Address Acceptable)
Circuito Ave Zapopan Jalisco Mexico
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Administrative President Omnilife Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 12	$ 51.00	Sporting Event Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Couch Distributing
ADDRESS (Business Address Acceptable)
120 Lee Road Watsonville CA 95074
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Distributing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 12	$ 420.00	Panetta Institute Dinne
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Capitol Latino Caucus Leadership PAC
ADDRESS (Business Address Acceptable)
400 Capitol Mall 22nd. Floor Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 12 / 12	$ 78.00	Portrait Print
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Luis Angel Alejo

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Bill Monning & Dene Kent
ADDRESS (Business Address Acceptable)
24731 Crest View Circle Carmel CA 93923
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 12	$ 150.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
George Couch Jr.
ADDRESS (Business Address Acceptable)
104 Lee Rd. Watsonville CA 95077
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 11 / 12	$ 200.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Todd & Yolanda McFerren
ADDRESS (Business Address Acceptable)
119 E. Beach St. Watsonville CA 95076
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 12	$ 250.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Irma Villaraal
ADDRESS (Business Address Acceptable)
7237 S. 40th Lane Phoenix AZ 85041
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 24 / 12	$ 100.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Les & Nancy Gardner
ADDRESS (Business Address Acceptable)
8266 W. Zayenta Rd. Felton CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 04 / 12	$ 140.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Mrinal Sinha
ADDRESS (Business Address Acceptable)
6177 Corte Cemula San Jose CA 95120
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 12	$ 150.00	Wedding Gift
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Menite & Milan Sheh
ADDRESS (Business Address Acceptable)
2889 Lowell CL San Jose CA 95121
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 12	$ 100.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Pedro Castillo
ADDRESS (Business Address Acceptable)
7 Winding Way Watsonville CA 95077
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 08 / 12	$ 100.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Micheel Allen
ADDRESS (Business Address Acceptable)
219 Mocking Bird Circle Sente Rosa CA 95409
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 08 / 12	$ 220.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Victor Manuel Perez
ADDRESS (Business Address Acceptable)
64668 Sunrise Avenue Coechelle CA 92236
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 12	$ 100.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Frances Crofts
ADDRESS (Business Address Acceptable)
5704 N. Hempton Ave Austin TX 78723
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 08 / 12	$ 100.00	Wedding Gift
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Mark & Kathy Stone
ADDRESS (Business Address Acceptable)
700 Ocean SL Ste 3188 Santa Cruz CA 95060
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 27 / 12	$ 150.00	Wedding Gift
/ /	$	
/ /	$	

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Luis A. Alejo

- **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)*
National Ass'n of Latino Elected & Appointed Officials
ADDRESS *(Business Address Acceptable)*
1122 W. Washington Blvd, 3rd Floor
CITY AND STATE
Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)

DATE(S): 03 / 08 / 12 - 03 / 11 / 12 *(If gift)* AMT: $ 854.58

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☑ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Attended Conference- for hotel & conference fee

► NAME OF SOURCE *(Not an Acronym)*
National Ass'n of Latino Elected & Appointed Officials
ADDRESS *(Business Address Acceptable)*
1122 W. Washington Blvd, 3rd Floor
CITY AND STATE
Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)

DATE(S): 06 / 20 / 12 - 08 / 23 / 12 *(If gift)* AMT: $ 2,028.99

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☑ Made a Speech/Participated in a Panel
☑ Other - Provide Description
For travel, lodging & meals at Conference

► NAME OF SOURCE *(Not an Acronym)*
Democratic Legislative Campaign Committee
ADDRESS *(Business Address Acceptable)*
1401 K St, NW, Ste, 201, Washington, DC 20005
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 07 / 11 / 12 - 07 / 12 / 12 *(If gift)* AMT: $ 1,013.00

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☑ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Attended Conference - for hotel & conference fee

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): / / - / / *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

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

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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

Luis Angel Alejo

- **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
National Ass'n of Latino Elected & Appointed Officials
ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd 3rd. Floor
CITY AND STATE
Los Angeles CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 3 / 8 / 12 - 3 / 11 / 12 (If gift) AMT: $ 854.56

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Attended Conference-for hotel & conference fee

► NAME OF SOURCE
National Ass'n of Latino Elected & Appointed Officials
ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd. 3rd. Floor
CITY AND STATE
Los Angeles CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 06 / 20 / 12 - 06 / 23 / 12 (If gift) AMT: $ 2028.99

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
for travel, lodging and meals at the conference

► NAME OF SOURCE
Democratic Legislative Campaign Committee
ADDRESS (Business Address Acceptable)
1401 K. St. NW Ste. 201
CITY AND STATE
Washington DC 20005
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 07 / 11 / 12 - 07 / 12 / 12 (If gift) AMT: $ 1013.00

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
attended conference-for hotel & conference fee& golf

Filer's Verification

Print Name: Luis A. Alejo
Office, Agency or Court: State Assembly
Statement Type: ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving
☐ ____ Annual (yr) ☐ Candidate

I have used all reasonable diligence 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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: March 11, 2013
Filer's Signature: (d)(5)

Comments: