(SO)

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

2013 MAR 22 PM 1:23

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ATKINS	TONI	G

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable
78th District

Your Position
Assembly Member

► 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, 2012, through December 31, 2012.

-or-

The period covered is ____/____/_____, through December 31, 2012.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **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.

☐ **Candidate:** Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 3

- ☐ **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. [illegible]

I certify under penalty of perjury under the laws of the State of California that t[illegible]

Date Signed 03/18/2013
(month, day, year)

Signature [illegible]

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only
MAR 01 2013
BY: BJH @ 12:05 P.M.

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ATKINS	TONI	G.

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable

Assembly Member
Your Position

► 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:* 11

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [ ] **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

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 is a public document.

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

Date Signed X 2/27/13 *(month, day, year)*

Signat (d)(5)
(File the originally signed statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ATKINS	TONI	G.

1. Office, Agency, or Court

Agency Name
California Ocean Protection Council

Division, Board, Department, District, if applicable

Board Member
Your Position

► 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, 2012, through December 31, 2012.

-or-

The period covered is ____/____/_____, through December 31, 2012.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **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.

☐ **Candidate:** Election year _____ and 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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

(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 is a public document.

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

Date Signed x 2/27/13
(month, day, year)

Signature (d)(5)
(File the originally signed statement with your filing official.)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ATKINS	TONI	G.

1. Office, Agency, or Court

Agency Name
California Cultural and Historical Endowment — Appointee

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

► 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, 2012, through December 31, 2012.

-or-

The period covered is ____/____/_____, through December 31, 2012.

☑ **Assuming Office:** Date assumed 02 / 12 / 2013

☐ **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:*** _____

☐ **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 is a public document.

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

Date Signed 2/27/13 (month, day, year)

Signature (d)(5)

(File the originally signed statement with your filing official.)

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
ATKINS, Toni

▶ 1. BUSINESS ENTITY OR TRUST

LeSar Development Consultants
Name

2410 First Ave., San Diego, CA 92101
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Consulting firm

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Spouse sole stockhldr (Other)

YOUR BUSINESS POSITION None/spouse is President/CEO

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☑ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

Separate sheet attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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

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

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

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other ____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Estolano LeSar Perez Advisors LLC
Name

2410 First Ave., San Diego, CA 92101
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
☐ $0 - $1,999
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ ____ (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
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

Separate sheet attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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

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

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

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other ____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: ____

LeSar Development Consultants

2012 Clients – Receipts over $10,000

Estolano LeSar Perez Advisors

Corporation for Supporting Housing

County of Los Angeles Community Development Commission

County of Napa

Downtown San Diego Partnership

Housing Authority of the County of San Bernardino

National City

San Diego Housing Commission

San Bernardino County

United Way

Estolano LeSar Perez Advisors

2012 Clients – Receipts over $10,000

LeSar Development Consultants

Metropolitan Water District

Los Angeles River Restoration Corporation

Living Cities

Resources Legacy Fund

Southern California Association of Governments

Los Angeles County

Goldhirsh

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1936-1940 Dale Street

CITY
San Diego, CA 92102

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

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

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.
☐ None
Spouse owns this property

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2954 Date Street

CITY
San Diego, CA 92102

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

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

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.
☐ None

* 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 _____% ☐ 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

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

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Bridgepoint Education
ADDRESS *(Business Address Acceptable)*
13500 Evening Creek Dr. North, Ste 600, SD 92128
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/21/12	$ 250	2 tix to Cirque du
/ /	$	Solell's M. Jackson's
/ /	$	The Immortal Wrld tour

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/07/12	$ 135	Meals/Asm Dem Caucus Policy Retreat
08/15/12	$ 39	Outgoing Members' Breakfast
11/08/12	$ 62	New Dem Mbrs Lunch

► NAME OF SOURCE *(Not an Acronym)*
San Diego Gas and Electric
ADDRESS *(Business Address Acceptable)*
925 L St., Ste. 650, Sac 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/22/12	$ 19	Brkfst at Sutter Club
09/13/12	$ 119	2 SDG&E emergency
/ /	$	backpacks for ofc

► NAME OF SOURCE *(Not an Acronym)*
CA Citrus Mutual
ADDRESS *(Business Address Acceptable)*
512 N. Kaweah, Ave.; Exeter, CA 93221-1200
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Citrus growers association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/29/12	$ 234	Dinner at the Kitchen
02/29/12	$ 4	lemons, oranges, mandarins
02/29/12	$ 5	reuseable bag

► NAME OF SOURCE *(Not an Acronym)*
California Cut Flower Commission
ADDRESS *(Business Address Acceptable)*
PO Box 90225, Santa Barbara, CA 93190-0225
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Flower industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/29/12	$ 60	Floral arrangement
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Citrus Mutual
ADDRESS *(Business Address Acceptable)*
512 N. Kaweah, Ave.; Exeter, CA 93221-1200
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Citrus growers association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/20/12	$ 86	Dinner at Esquire Grill
03/20/12	$ 9	Gift box of oranges
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
State Farm
ADDRESS *(Business Address Acceptable)*
1201 K St, Ste. 920, Sac 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 12	$ 50	1 ticket to Sac EQCA
/ /	$	awards
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
San Diego County Labor council
ADDRESS *(Business Address Acceptable)*
3737 Camino Del Rio So., Ste. 403, San Diego 92108
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 12	$ 50	1 ticket to CA Labor
/ /	$	Federation dinner at
/ /	$	Sheraton, Sac

► NAME OF SOURCE *(Not an Acronym)*
California American Water
ADDRESS *(Business Address Acceptable)*
1033 B Avenue, Suite 200 Coronado, CA 92118
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 31 / 12	$ 200	1 ticket to Coronado
/ /	$	Commerce-Salute to
/ /	$	Military Ball

► NAME OF SOURCE *(Not an Acronym)*
City Heights Community Development Corporation
ADDRESS *(Business Address Acceptable)*
4001 El Cajon Blvd., Suite 205 San Diego, CA 92105
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Affordable housing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 12	$ 100	1 ticket to City Hts
/ /	$	CDC Annual Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Building Industry Association (CBIA)
ADDRESS *(Business Address Acceptable)*
1215 K St., Ste. 1200, Sac 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association for the building industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 02 / 12	$ 61	Legislative Reception
/ /	$	& Dinner at Citizen
/ /	$	Hotel, Sac

► NAME OF SOURCE *(Not an Acronym)*
Personal Care Products Council
ADDRESS *(Business Address Acceptable)*
1101 17th St NW, Ste 300, Washington D.C.20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade assoc for personal care & beauty products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 23 / 12	$ 109	Gift bag of personal
/ /	$	cere products
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
San Diego County Medical Society
ADDRESS *(Business Address Acceptable)*
5575 Ruffin Road, Suite 250, San Diego, CA 92123
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit for quality health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 12	$ 100	1 ticket to the SD Cnty
/ /	$	Medical Society's Gala
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Del Mar Thoroughbred Club
ADDRESS *(Business Address Acceptable)*
1215 K Str., Ste 1760, Sac CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Horse racing club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 12	$ 200	1 ticket to opening day
/ /	$	at the races at Del Mar
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Judges Association
ADDRESS *(Business Address Acceptable)*
2520 Venture Oaks Way, Suite 150, Sac95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association for judges

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 12	$ 63	Flowers for Assembly
/ /	$	Swearing In Day
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Christine Kehoe & Julie Warren
ADDRESS *(Business Address Acceptable)*
2834 Dale Street. San Diego, CA 92104
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Former Senator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 12	$ 50	Flowers for Assembly
/ /	$	Swearing In Day
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Trudy Sopp
ADDRESS *(Business Address Acceptable)*
8609-F Via Mallorce La Jolla, CA 92037
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Leadership coach and consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 07 / 12	$ 102	Potted peace plant
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa #4050, Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA State Assembly Speaker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 04 / 12	$ 39	Engraved token box
03 / 14 / 12	$ 65	Dinner w/Ann Gust +Members
05 / 29 / 12	$ 90	Dinner at Morton's+Mbrs

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa #4050 Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA State Assembly Speaker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/15/12	$ 18	Lunch honoring Asm
/ /	$	Gorell
12/02/12	$ 86	Personalized glass bowl

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa #4050 Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA State Assembly Speaker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/02/12	$ 49	Asm Electeds Receptn
12/03/12	$ 46	Dinner at Paesano'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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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
ATKINS, Toni

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

- **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)*
Saint Petersburg Legislative Assembly
ADDRESS *(Business Address Acceptable)*
6 Isaaklevskaya Square -Marylnsky Palace
CITY AND STATE
190107, St. Petersburg - Russian Federation
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 09/12/12 - 09/16/12 *(If gift)* AMT: $ 3,495.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Public policy issues related to transportation, economic development, energy, public finance.

► NAME OF SOURCE *(Not an Acronym)*
Moscow City Duma
ADDRESS *(Business Address Acceptable)*
22 Petrovka St. - Moscow 127994
CITY AND STATE
Russian Federation
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 09/16/12 - 09/20/12 *(If gift)* AMT: $ 2,900.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Public policy issues related to transportation, economic development, energy, public finance.

► NAME OF SOURCE *(Not an Acronym)*
San Diego County Regional Airport Authority
ADDRESS *(Business Address Acceptable)*
PO B ox 82776
CITY AND STATE
San Delgo, CA 92138-2776
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Airport
DATE(S): 01/01/12 - 12/31/12 *(If gift)* AMT: $ 3,689.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Travel to/from District to Capitol on official legislative business

---

► NAME OF SOURCE *(Not an Acronym)*
State Legislative Leaders Foundation (SLLF)
ADDRESS *(Business Address Acceptable)*
1645 Falmouth Road, Bldg. D
CITY AND STATE
Centerville, MA 02632
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Public policy and educational
DATE(S): 12/07/12 - 12/08/12 *(If gift)* AMT: $ 1,607.05
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Board meeting of the SLLF

Comments:

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BY: [illegible]

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1936 - 1940 Dale Street

CITY

San Diego, CA 92102

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

IF APPLICABLE, LIST DATE:
___/___/12 ACQUIRED ___/___/12 DISPOSED

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.

☐ None

#1936 - Sabrina Diminico; # 1940 - Marke Poole
Spouse owns these properties.

* 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 _____% ☐ 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

► 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:
___/___/12 ACQUIRED ___/___/12 DISPOSED

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.

☐ None

Comments:

Filer's Verification

Print Name TONI ATKINS

Office, Agency or Court CA State Assembly

Statement Type ☒ 2012/2013 Annual ☐ Assuming ☐ Leaving
☐ _____ (yr) Annual ☐ 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 03/18/2013

Filer's Signat (d)(5)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

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

1. BUSINESS ENTITY OR TRUST

Name: Estolano LeSar Perez Advisors LLC

Address (Business Address Acceptable): 2410 First Ave., San Diego, CA 92101

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Consulting Firm

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, UST DATE:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION: None/Spouse's business

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

Separate sheet attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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

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

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

IF APPLICABLE, UST DATE:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

Filer's Verification

Print Name: TONI ATKINS

Office, Agency or Court: California State Assembly

Statement Type: ☒ 2012/2013 Annual ☐ _____ (yr) Annual ☐ Assuming ☐ Leaving ☐ 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 Californ

(d)(5)

Date Signed: 3/18/13 (month, day, year)

Filer's Signat

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APR 11 2013

BY: Olga

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. BUSINESS ENTITY OR TRUST

Estolano LeSar Perez Advisors LLC
Name

2410 First Ave., San Diego, CA 92101
Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Consulting firm

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ LLC Other

YOUR BUSINESS POSITION None/spouse's business

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

Separate sheet attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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

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

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

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

Filer's Verification

Print Name TONI ATKINS

Office, Agency or Court California State Assembly

Statement Type ☒ 2012/2013 Annual ☐ ____ (yr) Annual ☐ Assuming ☐ Leaving ☐ 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 4/9/13 (month, day, year)

Filer's Signature (d)(5)

LeSar Development Consultants

2012 Clients – Receipts over $10,000

Estolano LeSar Perez Advisors

Corporation for Supporting Housing

County of Los Angeles Community Development Commission

County of Napa

Downtown San Diego Partnership

Housing Authority of the County of San Bernardino

National City

San Diego Housing Commission

San Bernardino County

United Way

Estolano LeSar Perez Advisors

2012 Clients – Receipts over $10,000

LeSar Development Consultants

Metropolitan Water District

Los Angeles River Restoration Corporation

Living Cities

Resources Legacy Fund

Southern California Association of Governments

Los Angeles County

Goldhirsh