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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FEB 28 2013 Date Received Office Use Only

BY: [signature]

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bocanegra	Raul	Justo

1. Office, Agency, or Court

Agency Name
California State Legislature

Division, Board, Department, District, if applicable
Assembly District 39

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)*

- [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:* 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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

[redacted]

herein and in any attached schedules is true and complete. I acknowledge this is [redacted]

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

Date Signed _____ Signatu[redacted]
(month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
RAUL BOCANEGRA

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st Street #200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/08/2012	$ 81.71	New member lunch
/ /	$	
/ /	$	

▶ NAME OF SOURCE
TechNet
ADDRESS (Business Address Acceptable)
5050 El Camino Real, Suite 106, Los Altos, CA 94022
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/13/2012	$ 48.04	Welcome bag
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Motion Picture Association of America, Inc.
ADDRESS (Business Address Acceptable)
15301 Ventura Blvd. Bldg. E, Sherman Oaks, CA 91403
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/04/2012	$ 86.08	Dinner at Enoteca Drago
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Speaker John A. Perez
ADDRESS (Business Address Acceptable)
777 S. Figueroa Street #4050, Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/15/2012	$ 39.43	Luncheon
12/02/2012	$ 85.80	Personalized green glass bowl
12/02/2012	$ 49.40	Assembly welcome reception

▶ NAME OF SOURCE
California Latino Caucus Leadership Political Action Committee
ADDRESS (Business Address Acceptable)
400 Capitol Mall, 22nd Floor, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/02/2012	$ 75.00	Caricature & picture frame
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
PAUL BOCANEGRA

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

▶ NAME OF SOURCE
TechNet
ADDRESS *(Business Address Acceptable)*
5050 El Camino Real, Suite 106
CITY AND STATE
Los Altos, CA 94022
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12/12/2012 - 12/13/2012 *(If gift)* AMT: $ 394.66

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): __/__/____ - __/__/____ *(If gift)* AMT: $

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): __/__/____ - __/__/____ *(If gift)* AMT: $

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): __/__/____ - __/__/____ *(If gift)* AMT: $

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

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

Comments:

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MAR 06 2013

BY: BJH

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2013 MAR 6 PM 3:13 RAUL BOCANEGRA

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
UnitedHealth Group
ADDRESS (Business Address Acceptable)
1131 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 08 / 12	$ 9.75	Food/drinks at Elle
12 / 27 / 12	$ 81.25	Dinner at Burbank Grill
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name RAUL BOCANEGRA

Office, Agency or Court ASSEMBLY

Statement Type ☐ 2012/2013 Annual ☐ Assuming ☐ Leaving
☒ 2012 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 3/6/13

Filer's Signatu (d)(5)

Comments: