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BY: [signature]

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

(TM)

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2013 FEB 14 PM 2:06

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Campos Nora E

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

27th Assembly District & 23rd Assembly District

Your Position

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:*** 6

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

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

[redacted]

Date Signed 2/14/2013 *(month, day, year)*

Signat[redacted]

SCHEDULE B

Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Nora Campos

<BLUE> is a required field

** Select from drop down list*

*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:

Real Property Disclosure							Lender Disclosure				
STREET ADDRESS OR PRECISE LOCATION AND CITY	FAIR MARKET VALUE*	LIST DATE ACQUIRED OR DISPOSED (mm/dd/2011)	A or D	NATURE OF INTEREST* (If "other," describe)	IF RENTAL PROPERTY, LIST GROSS INCOME RECEIVED*	SOURCE OF RENTAL INCOME OF $10,000 OR MORE	NAME AND ADDRESS OF LENDER* *(Business Address Acceptable)* AND GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	INTEREST RATE (%)	TERM (Mos/Yrs)	HIGHEST BALANCE*
3995 Holly Drive San Jose, CA 95127	$100,001 - $1,000,000			Ownership/Deed of Trust							

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Nora Campos

<BLUE> is a required field

** Select from drop down list*

****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:**

1. Income Received

NAME AND ADDRESS OF SOURCE	BUSINESS ACTIVITY, IF ANY	YOUR BUSINESS POSITION	GROSS INCOME RECEIVED*	CONSIDERATION FOR WHICH INCOME WAS RECEIVED* (If "other," describe)
Santa Clara & San Benito County Building & Construction Trades Council 2102 Almaden Rd., Suite 101 San Jose, CA 95125	Labor Organization		$10,001-$100,000	Spouse's or registered domestic partner's income

2. Loans Received or Outstanding

NAME AND ADDRESS OF LENDER** *(Business Address Acceptable)* AND GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	HIGHEST BALANCE*	INTEREST RATE (%)	TERM (Mos/Yrs)	SECURITY FOR LOAN REAL PROPERTY ADDRESS/OTHER INFORMATION*

Schedule D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Nora Campos

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NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
California Labor Federation	1127 11th Sueel, Suile 425 Sacramerlo, CA	95814	Labor	01/03/12	$58.10	Food al Reception
John A. Pérez	777 South Figueroa Street, Suite 4050 Los Angeles, CA	90017	Legislator	01/04/12	$38.00	Engraved Box
Assemblymember Fiona Ma	2444 Ione Street Sacramenlo, CA	95864	Legislator	01/23/12	$7.50	Oragon Stuffed Animal
California Medical Association	1201 J Street, Suite 200 Sacramerlo, CA	95814	Physicians	01/25/12	$14.04	Movie Screening
Screen Actors Guild Awards	5757 Wilshire Blvd, 7th Floor Los Angeles, CA	90036	Screen Actors Guild Awards	01/29/12	$292.00	Ticket
California Oemocratic Party	1401 21st Street, Suite 200 Sacramento, CA	95811	Political Party	2/7-2/8/12	$135.38	Policy Conference Meals
Edison International & Affiliates	2244 Walnut Grove Avenue Rosemead, CA	81770	Technology	02/13/12	$18.87	Food al Reception
Paramount Pictures Industry	5555 Melrose Avenue Hollywood, CA	90038	Entertainment	03/01/12	$48.00	OVO, Hat, and Two Videos
California Citrus Mutual	512 North Kaweah Avenue Exeter, CA	93221	Food	03/20/12	$8.68	Food
California State Floral Association	1521 I STREET SACRAMENTO, CA	95814	California Agricultural Oay	03/21/12	$16.95	Bouquet of flowers
Bay Area Council	1215 K Street, Suite 2220 Sacramento, CA	95814	Sacramento Oay Oinner	04/11/12	$120.00	Meal
AT&T	1215 K Street, Suite 1800 Sacramerlo, CA	95814	Telecommunications	04/17/12	$81.06	One Ticket
San Francisco 49ers	4949 Centennial Blvd Santa Clara, CA	95054	Entertainment	04/19/12	$208.00	Commemorative Hardhat, Food, Beverage, and Entertainment
Santa Clara & San Benito County Trades Council	2102 Almaden Road, Suite 101 San Jose, CA	95125	Labor	04/27/12	$50.00	Food
California Women for Agriculture	1521 I STREET SACRAMENTO, CA	95814	Agriculture	05/08/12	$7.00	Food al Reception
Calilornia Automatic Vendors Council	150 South Los Robles Avenue, #830 Pasadena, CA	91040	Automolive	05/09/12	$20.00	Food at Reception
Personal Care Products Council	1101 17th Sueel NW, Suite 300 Washington OC	20036	Health	05/23/12	$14.28	Food at Reception
California Issues Forum	1717 I Street, Sacramento, CA	95811	Nonprofit Organization	05/29/12	$12.11	Oinner
John A. Pérez	777 South Figueroa Street, Suite 4050 Los Angeles, CA	90017	Legislator	05/29/12	$89.62	Oinner
John A. Pérez	777 South Figueroa Street, Suite 4050 Los Angeles, CA	90017	Legislator	07/02/12	$84.24	Oinner

Schedule D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Nora Campos

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Consumer Attorneys of California	770 L Street, Suite 1200 Sacramento, CA	95814	Law	08/08/12	$23.10	Dinner
Feld Entertainment Incorporated	8607 Westward Center Drive Vienna, VA	22182	Entertainment	08/16/12	$75.00	Family Three Pack of Tickets
California Grape & Tree Fruit League	978 West Alluvial, Suite 107 Fresno, CA	93711	Agriculture	08/22/12	$15.00	Fruit basket
Silicon Valley Council of Nonprofits	1400 Parkmoor Avenue San Jose, CA	95126	Nonprofit Organization	10/27/12	$30.00	Lunch
John A. Pérez	777 South Figueroa Street, Suite 4050 Los Angeles, CA	90017	Legislator	10/29/12	$14.01	Lunch
East Side Union High School District Education Foundation	2530 Berryessa Road, Suite 432 San Jose, CA	95132	Nonprofit Organization	11/03/12	$147.00	Dinner and plaque
California Democratic Party	1401 21st Street, Suite 200 Sacramento, CA	95811	Political Party	11/08/12	$61.71	Lunch
California Latino Caucus Leadership Political Action Committee	400 Capitol Mall, 22nd Floor Sacramento, CA	95818	Nonprofit Organization	12/02/12	$76.80	Gift - Caricature and picture frame
John A. Pérez	777 South Figueroa Street, Suite 4050 Los Angeles, CA	90017	Legislator	12/02/12	$85.80	Personalized Green Glass Bowl
John A. Pérez	777 South Figueroa Street, Suite 4050 Los Angeles, CA	90017	Legislator	12/02/12	$98.80	Food at Reception
Wells Fargo	121 South Market Street, 4th Floor San Jose, CA	95113	Banking	12/14/12	$71.50	Stuffed Animal

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name: Nora Campos

SCHEDULE E

Income - Gifts
Travel Payments, Advances, and Reimbursements

<BLUE> is a required field

- You must specify either the gift or income in the Type of Payment column.
- Enter a "Y" in the 501(c)(3) column 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.
- You are not required to report income from government agencies.

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3)	DATE(S) (mm/dd/yy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	MADE A SPEECH/ PARTICIPATED IN A PANEL	DESCRIPTION
San Jose International Airport 1701 Airport Boulevard San Jose, CA 95110	Transportation		3/1/2012 and 6/8/2012	$90	Gift		Other – Provide description Use of parking pass at San Jose Airport
California Issues Forum 1717 I Street, Sacramento, CA 95811	Nonprofit Organization	Y	1/30/2012	$85.00	Gift	Y	Made a Speech / participated in a panel
Paramount Pictures Industry 5555 Melrose Avenue, Hollywood, CA 90038	Entertainment		3/1/2012	$403.00	Gift	Y	Made a Speech / participated in a panel
Pacific Policy Research Foundation 101 Parkshore Drive, Suite 100 Folsom, CA 95630	Nonprofit Organization	Y	11/15/12-11/18/12	$307.00	Gift	Y	Made a Speech / participated in a panel
California Issues Forum 1717 I Street, Sacramento, CA 95811	Nonprofit Organization	Y	12/10/12-12/11/12	$435.00	Gift	Y	Made a Speech / participated in a panel

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

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- **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)*
San Jose International Airport
ADDRESS *(Business Address Acceptable)*
1701 Airport Blvd.
CITY AND STATE
San Jose, CA 95110
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Transportation
DATE(S): 03/01/12 - 06/06/12 *(If gift)* AMT: $ 90.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Use of parking pass at San Jose airport

► NAME OF SOURCE *(Not an Acronym)*
California Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Nonprofit Organization
DATE(S): 01/30/12 - / / *(If gift)* AMT: $ 65.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Meal

► NAME OF SOURCE *(Not an Acronym)*
California Issues Forum**
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Nonprofit Organization
DATE(S): 03/01/12 - 03/02/12 *(If gift)* AMT: $ 403.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Meal and lodging

Filer's Verification

Print Name Nora Campos
Office, Agency or Court California State Assembly District 27
Statement Type ☒ 2012/2013 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 3/7/13 *month day year*
Filer's Signature (d)(5)

Comments: ** The Form 700 E filed on 2/14/13 incorrectly identified Paramount Pictures Industry as the source of this gift.

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- **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)*
Pacific Policy Research Foundation
ADDRESS *(Business Address Acceptable)*
101m Parkshore Drive, Suite 100
CITY AND STATE
Folsom, CA 95630
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Nonprofit Organization
DATE(S): 11/15/12 - 11/16/12 *(If gift)* AMT: $ 1,252.09
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Lodging and meals

► NAME OF SOURCE *(Not an Acronym)*
California Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Nonprofit Organization
DATE(S): 12/10/12 - 12/11/12 *(If gift)* AMT: $ 435.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Lodging and meals

► 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

Filer's Verification

Print Name Nora Campos
Office, Agency or Court California State Assembly District 27
Statement Type ☒ 2012/2013 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 3/7/13
Filer's Signature (d)(5)

Comments: