

STATEMENT OF ECONOMIC INTERESTS

FEB 28 2013
 10:50 A.M.

COVER PAGE



BY: BAA @ 10:50 A.M.

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Cooley Ken Willam

1. Office, Agency, or Court

Agency Name
 California State Assembly
 Division, Board, Department, District, if applicable
 District 8
 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)

- 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 _____
- 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: 10

- 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



herein and in any attached schedules is true and complete. I acknowledge this is
 I certify under penalty of perjury under the laws of the State of California that

Date Signed 02/28/2013 Signature _____
 (month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest Is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Ken Cooley

▶ NAME OF BUSINESS ENTITY
Transportation Networks International Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Wireless Transportation Network Internat Svcs.

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:
 / / 12 / / 12
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
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IF APPLICABLE, LIST DATE:
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 / / 12 / / 12
ACQUIRED DISPOSED

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 \$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:
 / / 12 / / 12
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:
 / / 12 / / 12
ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
FAIR PRACTICE COMMISSION

Name
Ken Cooley

1. BUSINESS ENTITY OR TRUST

Kennath W Cooley & Sydney E Cooley Revocable Trust
Name
11119 Coord River Ct., Rancho Cordova, Ca, 95670
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 IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION _____

1. BUSINESS ENTITY OR TRUST

Kennath W Cooley & Sydney E Cooley Revocable Trust
Name
11119 Concord River Ct., Rancho Cordova, Ca. 95670
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 IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

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

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

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

None
Mr. & Mrs. Matt Garland

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

None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

10624 Chardonay Dr.

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Rancho Cordova, CA. 95670

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

11150 Trinity River Drive #122

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Rancho Cordova, CA. 95670

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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: Rental Income Reported on Schedule B

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Ken Cooley
--

▶ 1 INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Cordova Neighborhood Church

ADDRESS (Business Address Acceptable)
 10600 Coloma Road., Rancho Cordova, CA. 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Church

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)

▶ 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	<small>Street address</small>
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		<small>City</small>
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income - Gifts

Name
Ken Cooley

▶ NAME OF SOURCE (Not an Acronym)
Callfomla Business Properties Assn.

ADDRESS (Business Address Acceptable)
1530 J Street, Suite 400, Sacramento, Ca. 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commercial Real Estate Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 12	\$ 7.00	Food, Bev, Ent.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Chukenal Economic Development Authority

ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg. C, Coarsegold, CA. 93614

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 12	\$ 9.00	Food, Beverage & Ent.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Callfomla Tribal Business Alliance

ADDRESS (Business Address Acceptable)
1530 J Street, Suite 410, Sacramento, CA. 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Economic Development Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 12	\$ 33.00	Food, Beverage & Ent.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Callfomla Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st Street, #200, Sacramento, CA. 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 12	\$ 61.71	Food & Beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Speaker John A. Paraz

ADDRESS (Business Address Acceptable)
777 So. Figueroa St., Suite #4050, L.A., CA. 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Assembly Leader

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 12	\$ 39.43	Food & Beverage
12 / 02 / 12	\$ 85.80	Glass Bowl
12 / 02 / 12	\$ 49.40	Food & Beverage

▶ NAME OF SOURCE (Not an Acronym)
Valley Industry & Commerce Assn.

ADDRESS (Business Address Acceptable)
5121 Van Nuys Blvd., #208, Sherman Oaks, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 29 / 12	\$ 72.00	Food & Beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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)
 Assoc. of Calif. Life & Health Ins. Cos.

ADDRESS (Business Address Acceptable)
 1201 K Street, Suite 1801

CITY AND STATE
 Sacramento, CA. 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Life & Health Ins. Trade Assoc.

DATE(S): ____/____/____ AMT: \$ 2,107.30
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

See Attached Detail

▶ NAME OF SOURCE (Not an Acronym)
 EdVolca

ADDRESS (Business Address Acceptable)
 1107 9th St., Suite 680

CITY AND STATE
 Sacramento, CA. 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Educational Advocacy & Education

DATE(S): ____/____/____ AMT: \$ 541.53
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

See Attached Detail

▶ 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): ____/____/____ AMT: \$ 460.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

See Attached Detail

▶ NAME OF SOURCE (Not an Acronym)

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: _____

FPPC Form 700

Filer: Ken Cooley Agency: California State Assembly

Schedule E Detail

Program Participation Travel Detail

NAME OF SOURCE: Association of California Life and Health Insurance Companies

ADDRESS: 1201 K Street, Suite 1820, Sacramento, Ca. 95814

BUSINESS ACTIVITY: Life and Health Insurance Trade Association

PROGRAM DATES: September 19 & 20, 2012

Date	Value	Description
9/19/2012	\$ 812.08	Lodging at Pebble Beach
9/19/2012	\$142.45	Conference Reception
9/20/2012	\$ 812.08	Lodging at Pebble Beach
9/20/2012	\$ 50.25	Conference Lunch
9/20/2012	\$ 290.44	Conference Dinner

REPORTABLE TRAVEL TOTAL: \$2107.30

Comments: The above are travel-related payments for lodging and meals provided the day immediately preceding, the day of, and/or the day immediately following my participation in the program on Wednesday 9/19 and Thursday 9/20. I departed Friday morning September 21st.

Gifts subject to the FPPC Annual \$420.00 Gift Limit: \$0.00

FPPC Form 700

Filer: Ken Cooley Agency: California State Assembly

Schedule E Detail

Program Participation Travel Detail

NAME OF SOURCE: EdVoice (EdVoice Institute)

ADDRESS: 1107 Ninth St., Suite 680, Sacramento, Ca. 95814

BUSINESS ACTIVITY: Educational Advocacy Organization

PROGRAM DATES: July 31st and August 1st, 2012

Date	Value	Description
7/31/2012	\$ 150.13	Food & Beverage
8/31/2012	\$ 241.27	Lodging Claremont Hotel
8/1/2012	\$ 150.13	Food & Beverage

REPORTABLE TRAVEL TOTAL: \$541.53

Comments: The above are travel-related payments for lodging and meals provided the day of, and the day immediately following my participation in the program on July 31st and August 1st.

Gifts subject to the FPPC Annual \$420.00 Gift Limit: \$0.00

FPPC Form 700

Filler: Ken Cooley Agency: California State Assembly

Schedule E Detail

Program Participation Travel Detail

NAME OF SOURCE: California Issues Forum

ADDRESS: 1717 I Street, Sacramento, Ca. 95811

BUSINESS ACTIVITY: Nonprofit Organization

PROGRAM DATES: December 11, 2012

Date	Value	Description
12/11/2012	\$ 460.00	Lodging and Meals

REPORTABLE TRAVEL TOTAL: \$460.00

Comments: The above are travel-related payments for lodging and meals provided the day immediately preceding, the day of, and/or the day immediately following my participation in the program on December 11, 2012.

Gifts subject to the FPPC Annual \$420.00 Gift Limit: \$0.00