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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

2013 MAR 13 PM 1:54

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable

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:*** 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
- [x] **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 03/12/2013
(month, day, year)

Signatu

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Tom Daly

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): John A. Perez
ADDRESS (Business Address Acceptable): 777 South Figueroa St., Suite 4050, LA, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/14/12	$ 20.33	Breakfast
12/02/12	$ 85.80	Glass Bowl
12/02/12	$ 49.40	Welcome Reception

► NAME OF SOURCE (Not an Acronym): David Pruitt Consulting, LLC
ADDRESS (Business Address Acceptable): 1020 12th Street, Suite 306, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Campaign Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/28/12	$ 125.96	Dinner for two
11/28/12	$ 118.53	Bottle of wine
/ /	$	

► NAME OF SOURCE (Not an Acronym): California Democratic Party
ADDRESS (Business Address Acceptable): 1401 21st Street, #200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Democratic New Member Lunch

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/08/12	$ 61.71	Luncheon
/ /	$	
/ /	$	

► 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): David Pruitt Consulting, LLC
ADDRESS (Business Address Acceptable): 1020 12th Street, Suite 306, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Campaign Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/28/12	$ 50.00	Tasting fee
11/28/12	$ 60.00	Tasting fee
11/28/12	$ 60.00	Tasting fee

► 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:

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Date Received FEB 28 2013 BY:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

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

Daly Tom

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable

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, 2012, through December 31, 2012.
-or-
The period covered is ___/___/_____, through December 31, 2012.

☑ **Assuming Office:** Date assumed 12 / 03 / 2012

☐ **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. Verification

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

State Capitol, Room 2160 | Sacramento | CA | 95814

DAYTIME TELEPHONE NUMBER: (916) 319-2069

E-MAIL ADDRESS (OPTIONAL):

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 02/27/2013 *(month, day, year)*

Signature (d)(5)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Tom Daly

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez
ADDRESS *(Business Address Acceptable)*
777 South Figueroa St., Suite 4050, LA, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/14/12	$ 20.33	Breakfast
12/02/12	$ 85.80	Glass bowl
12/02/12	$ 49.40	Welcome Reception

► NAME OF SOURCE *(Not an Acronym)*
David Pruitt Consulting, LLC
ADDRESS *(Business Address Acceptable)*
1020 12th Street, Suite 306 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
New Member Wine Tasting Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/28/12	$ 125.96	Dinner for two
11/28/12	$ 118.53	Bottle of wine
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st Street, #200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Democratic New Member Lunch

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/08/12	$ 61.71	Luncheon
/ /	$	
/ /	$	

► 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)*
David Pruitt Consulting, LLC
ADDRESS *(Business Address Acceptable)*
1020 12th Street, Suite 306, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
New Member Wine Tasting Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/28/12	$ 50.00	Tasting fee
11/28/12	$ 60.00	Tasting fee
11/28/12	$ 60.00	Tasting fee

► 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
Tom Daly

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)*
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 (501(c)(4))
DATE(S): 12 / 11 / 12 - ___/___/___ *(If gift)* AMT: $ 810.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Meal/travel/lodging provided for panel discussion on perspective of upcoming legislative session.

► 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

► 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

► 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: