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BY:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION
2013 JUN 28 AM 11:07

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Gonzalez	Lorena	Sofia

1. Office, Agency, or Court

Agency Name
CALIFORNIA STATE ASSEMBLY

Division, Board, Department, District, if applicable: 80TH ASSEMBLY DISTRICT

Your Position: ASSEMBLYWOMAN

► 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 05 / 28 / 2013

☐ **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:* 5

- ☐ 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

I certify under penalty of perjury under the laws of the State of California that

Date Signed 06/27/2013 *(month, day, year)*

Signature

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Lorena Gonzalez

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
San Diego Imperial Counties Labor Council

ADDRESS *(Business Address Acceptable)*
3737 Camino Del Rio, Suite San Diego CA 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Organizing, Labor

YOUR BUSINESS POSITION
Secretary-Treasurer, CEO

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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Lorena Gonzalez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
San Diego Imperial Counties Labor Council
ADDRESS *(Business Address Acceptable)*
3737 Camino Del Rio Suite 403 San Diego CA 92108
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Organizing, Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 88.99	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa Street, Ste 4050 LA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 65.10	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Ricardo Lara for State Senate
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa Street, Suite 4050 LA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 65.10	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
AFSCME LOCAL 127
ADDRESS *(Business Address Acceptable)*
3737 CAMINO DEL RIO SAN DIEGO CA 92108
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Organizing, Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 102.06	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CHULA VISTA FIREFIGHTERS LOCAL 2180
ADDRESS *(Business Address Acceptable)*
PO BOX 697 CHULA VISTA CA 91910
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 13	$ 119.00	Helmet
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
ACE PARKING
ADDRESS *(Business Address Acceptable)*
654 ASH STREET, SAN DEIGO CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 12	$ 500.00	Parking Pass
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Lorena Gonzalez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
UFCW LOCAL 135
ADDRESS *(Business Address Acceptable)*
2001 CAMINO DEL RIO SO SD CA 92108
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Organizing, Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 95.00	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Cooperative of American Physicians & Its State Pac
ADDRESS *(Business Address Acceptable)*
333 S. Hope Street, 8th FL Los Angeles CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Professional Liability Protection

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 225.00	CA Roast Dinner
/ /	$	
/ /	$	

► 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
Lorena Gonzalez

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)*
TEAMSTERS JOINT COUNCIL 42
ADDRESS *(Business Address Acceptable)*
818 OAK STREET, STE 250
CITY AND STATE
COVINA, CA 91742
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 06/21/13 - 06/21/13 *(If gift)* AMT: $445.80

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

▶ 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:

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
ACE PARKING
ADDRESS *(Business Address Acceptable)*
645 ASH STREET SAN DIEGO CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
PARKING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 12	$ 500.00	PARKING PASS
/ /	$	
/ /	$	

► 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: Lorena Gonzalez

Office, Agency or Court: 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: 7/2/13

Filer's Signat: (d)(5)

Comments: