

2012 AN

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

District 80

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 JUL 25 AM 11:08

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, 2013, through December 31, 2013.
- or-
- The period covered is 01 / 01 / 2012, through December 31, 2013.

Leaving Office: Date Left ____/____/____
(Check one)

The period covered is January 1, 2013, through the date of leaving office.

The period covered is ____/____/____, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 2

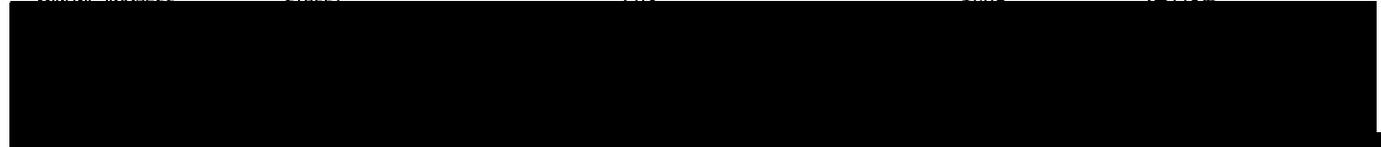
- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

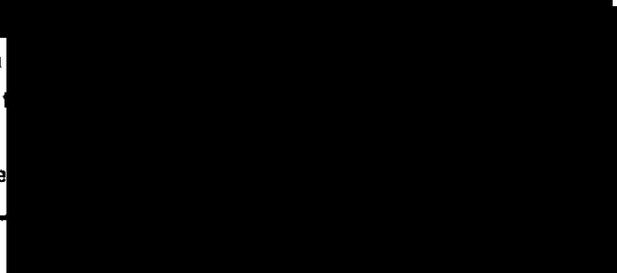
MAILING ADDRESS STREET CITY STATE ZIP CODE



I have used all reasonable diligence in preparing this statement. I have reviewed the herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 07/24/2014
(month, day, year)

Signature



SCHEDULE D
Income – Gifts

RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION
 2014 JUL 25 PM 1:55

▶ NAME OF SOURCE (Not an Acronym)
California Bankers Association
 ADDRESS (Business Address Acceptable)
1303 J Street, Suite 600, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 18 / 12</u>	<u>\$ 10</u>	<u>food/drink/entertainmen</u>
<u>04 / 18 / 12</u>	<u>\$ 82</u>	<u>food/drink</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Filer's Verification

Print Name Ben Hueso

Office, Agency or Court California State Assembly

Statement Type 2013/2014 Annual Assuming Leaving
 2012 Annual Candidate
(yr)

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 07/24/2014

Filer's Signat 

Comments: _____



RECEIVED

Date Received
Official Use Only

MAR 20 2013

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES COMMISSION COVER PAGE

A PUBLIC DOCUMENT

2013 MAR 20 PM 3:05

BY: Colga
(MIDDLE)

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name: California State Assembly
Division, Board, Department, District, if applicable: District 80
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 Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2012. The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election Year _____ and office sought, if different than Part 1: _____

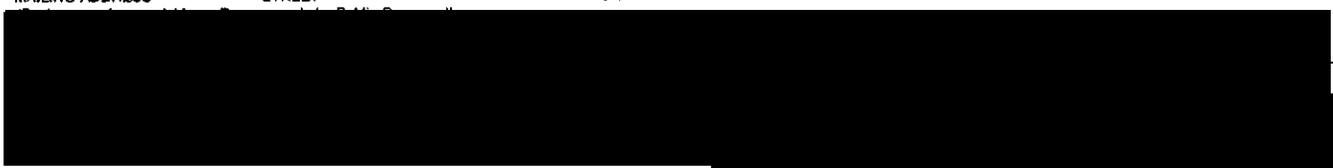
4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 2

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
- or- None - No reportable interests on any schedule

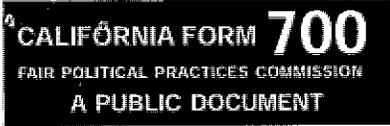
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



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

Date Signed 03/20/2013 (month, day, year) Signature



RECEIVED STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL PRACTICES COMMISSION COVER PAGE 2013 FEB 28 PM 4:17

RECEIVED FEB 28 2013 Date Received (Print or Type) Only

BY: [Signature]



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name California State Assembly
Division, Board, Department, District, if applicable District 80
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, County of, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.

4. Schedule Summary

- 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
None - No reportable interests on any schedule

5. Verification



I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information contained herein and in any attached schedules is true and complete. I acknowledge this is a true and complete statement. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Date Signed Feb 26, 2013 (month, day, year)

Signature [Redacted]

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Ben Hueso

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Antonio and Alfredo Hueso

ADDRESS (Business Address Acceptable)
 2654 Imperial Avenue, San Diego, CA 92113

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 2008 Sale of Real Estate Property

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*

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 TERM (Months/Years)

_____ % None

SECURITY FOR LOAN

None Personal residence

Real Property _____
 Street address

_____ City

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income - Gifts

Name
Ben Hueso

▶ NAME OF SOURCE *(Not an Acronym)*
Edison International and Affiliates

ADDRESS *(Business Address Acceptable)*
2244 Walnut Grove Avenue, Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 19 / 12	\$ 39.00	Food & Drink
10 / 19 / 12	\$ 77.00	Food & Drink
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
California Latino Caucus Leadership PAC

ADDRESS *(Business Address Acceptable)*
400 Capitol Mall, 22nd Floor, Sacramento, CA, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 12	\$ 76.00	Caricature Frame Pict
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
SEIU United Healthcare Workers West Service Empl

ADDRESS *(Business Address Acceptable)*
1338 Mission Street, San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 12	\$ 52.00	Food & Drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Santa Ynez Band of Chumash Indians

ADDRESS *(Business Address Acceptable)*
P.O. Box 517, Santa Ynez, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Native American Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 12	\$ 187.00	Lodging, Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Sea World San Diego

ADDRESS *(Business Address Acceptable)*
500 Sea World Drive, San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theme Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 09 / 12	\$ 78.00	Entrance ticket for-
___ / ___ / ___	\$ _____	legislative tour
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
California Correctional Peace Officers Association

ADDRESS *(Business Address Acceptable)*
755 Riverpoint Drive, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	\$ 333.00	Golf
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
 Income - Gifts**

Name
Ben Hueso

▶ NAME OF SOURCE *(Not an Acronym)*
Sempra Energy

ADDRESS *(Business Address Acceptable)*
101 Ash Street, San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 12	\$ 26.00	Food & Drink
09 / 13 / 12	\$ 119.00	Emergency Backpacks
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
AT&T

ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1800, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 17 / 12	\$ 93.00	Concert & Parking
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Crime Victims United

ADDRESS *(Business Address Acceptable)*
11400 Atwood Road, Auburn, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	\$ 328.00	Golf Club
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Minorities in Law Enforcement

ADDRESS *(Business Address Acceptable)*
1817 Capitol Avenue, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	\$ 307.00	Golf Clubs/Balls
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Coalition for Safer California

ADDRESS *(Business Address Acceptable)*
1020 12th Street, Suite 408, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 12	\$ 358.00	Golf Apparel
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Farmers Group, Inc.

ADDRESS *(Business Address Acceptable)*
2350 Kerner Blvd., Suite 250, San Rafael, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 12	\$ 182.00	Farmers Open pass- & meals.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name

Ben Hueso

▶ NAME OF SOURCE (Not an Acronym)
Council of State Governments - West

ADDRESS (Business Address Acceptable)
 2760 Research Park Drive, Lexington, Kentucky

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Border Legislative Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 29 / 12	\$ 101.00	Gala Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Otay Mesa Chamber of Commerce

ADDRESS (Business Address Acceptable)
 9163 Siempre Viva Road, Suite 1-2, San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Local Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 09 / 12	\$ 15.00	Breakfast
11 / 13 / 12	\$ 150.00	Dinner
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
 1401 21st Street, Suite 200, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 12	\$ 135.00	Food & Drink
08 / 15 / 12	\$ 39.15	Meal/Breakfast
11 / 08 / 12	\$ 62.00	Lunch
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Assembly International Foundation

ADDRESS (Business Address Acceptable)
 1990 3rd Street, Suite 900, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Border Legislative Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 26 / 12	\$ 128.00	Dinner
03 / 29 / 12	\$ 6.00	Entertainment
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
 777 South Figueroa Street, Suite 4050, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 04 / 12	\$ 39.00	Engraved Box
01 / 09 / 12	\$ 30.00	Dinner
12 / 02 / 12	\$ 86.00	Green Glass Bowl
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Native American Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 12	\$ 9.00	Food & Drink
01 / 18 / 12	\$ 97.00	Food & Drink
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
 Income - Gifts**

Name
Ben Hueso

▶ NAME OF SOURCE *(Not an Acronym)*
Governor's Cup Foundation
 ADDRESS *(Business Address Acceptable)*
757 Riverpoint Drive, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 20 / 12</u>	<u>\$ 330.00</u>	<u>Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Pharmaceutical Research & Manufacturers of Americ
 ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 970, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceuticals

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 20 / 12</u>	<u>\$ 198.00</u>	<u>Wine & Blanket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
San Diego State University
 ADDRESS *(Business Address Acceptable)*
5500 Campanile Drive, San Diego, CA 92182
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 04 / 12</u>	<u>\$ 56.00</u>	<u>Sporting event tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Vicente Ortiz
 ADDRESS *(Business Address Acceptable)*
2144 East Florence Avenue, Walnut Park, CA 90255
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurateur

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 26 / 12</u>	<u>\$ 390.00</u>	<u>Hotel accommodations</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Guillermo Sauza
 ADDRESS *(Business Address Acceptable)*
Vicente Albino Rojas #22, Tequila, Jalisco, Mexico
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Distillery Owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 27 / 12</u>	<u>\$ 100.00</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Jorge Vergara Madrigal
 ADDRESS *(Business Address Acceptable)*
Circuito JVC 2800, Zapopan, Jalisco, Mexico
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Administrative President of Omnilife Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 28 / 12</u>	<u>\$ 51.00</u>	<u>soccer game ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

Name
Ben Hueso

▶ NAME OF SOURCE (Not an Acronym)
Gerardo Espinoza

ADDRESS (Business Address Acceptable)
740 Adobe Place, Monterrey Park, CA 91754

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Relations Artist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 26 / 12	\$ 52.00	Transportation
	\$	
	\$	

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

ADDRESS (Business Address Acceptable)
777 South Figueroa Street, Suite 4050, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 12	\$ 49.40	Welcome Reception
	\$	
	\$	

▶ 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: _____

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

Name
Ben Hueso

- 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 Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)
755 Riverpoint Drive

CITY AND STATE
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Public Safety

DATE(S): 07 / 20 / 12 - 07 / 21 / 12 AMT: \$ 2,176.54
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

▶ NAME OF SOURCE (Not an Acronym)
Klamath Alliance for Resources and Environment

ADDRESS (Business Address Acceptable)
P.O. Box 1234

CITY AND STATE
Yreka, CA 96097

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Environmental Non-profit

DATE(S): 05 / 17 / 12 - 05 / 18 / 12 AMT: \$ 321.23
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Event meals and lodging.

▶ NAME OF SOURCE (Not an Acronym)
Humboldt Redwood Company, LLC

ADDRESS (Business Address Acceptable)
125 Main Street

CITY AND STATE
Scotia, CA 95565

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Lumber Industry

DATE(S): 05 / 17 / 12 AMT: \$ 357.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Transportation to legislative related event.

▶ NAME OF SOURCE (Not an Acronym)
Sierra Pacific Industries

ADDRESS (Business Address Acceptable)
P.O. Box 496028

CITY AND STATE
Redding, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Logging and Agriculture

DATE(S): 03 / 17 / 12 AMT: \$ 356.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Transportation to legislative related event.

Comments: _____

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

Name
 Ben Hueso

- 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 Ysidro Chamber of Commerce

ADDRESS (Business Address Acceptable)
 663 East San Ysidro Blvd.

CITY AND STATE
 San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Local Business

DATE(S): 02 / 24 / 12 - / / AMT: \$ 95.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

▶ NAME OF SOURCE (Not an Acronym)
 San Diego Regional Airport Authority

ADDRESS (Business Address Acceptable)
 P.O. Box 82776

CITY AND STATE
 San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Transportation

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 1,001.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Parking pass used for legislative business.

▶ NAME OF SOURCE (Not an Acronym)
 Council of State Governments - West

ADDRESS (Business Address Acceptable)
 2760 Research Park Drive

CITY AND STATE
 Lexington, Kentucky

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Border Legislative Conference

DATE(S): 03 / 29 / 12 - 03 / 30 / 12 AMT: \$ 76.98
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

▶ NAME OF SOURCE (Not an Acronym)
 California Issues Forum

ADDRESS (Business Address Acceptable)
 1717 I Street

CITY AND STATE
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Non-profit Organization

DATE(S): 03 / 01 / 12 - 03 / 02 / 12 AMT: \$ 306.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Comments: _____

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

Name
 Ben Hueso

- 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 Trout

ADDRESS (Business Address Acceptable)
 701 S. Mt. Shasta Blvd.

CITY AND STATE
 Mt. Shasta, CA 96067

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Non-profit for Environmental Protection

DATE(S): 06 / 21 / 12 - 06 / 23 / 12 AMT: \$ 325.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Habitat Restoration Educational Tour.

▶ NAME OF SOURCE (Not an Acronym)
 Trout Unlimited

ADDRESS (Business Address Acceptable)
 2239 5th Street

CITY AND STATE
 Berkeley, CA 94710

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Non-profit for Environmental Protection

DATE(S): 06 / 21 / 12 - 06 / 23 / 12 AMT: \$ 325.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Habitat Restoration Educational Tour.

▶ NAME OF SOURCE (Not an Acronym)
 The Nature Conservancy

ADDRESS (Business Address Acceptable)
 2015 J Street, Suite 103

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Non-profit for Environmental Protection

DATE(S): 06 / 21 / 12 - 06 / 23 / 12 AMT: \$ 325.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Habitat Restoration Educational Tour

▶ NAME OF SOURCE (Not an Acronym)
 National City Chamber of Commerce

ADDRESS (Business Address Acceptable)
 901 National City Blvd.

CITY AND STATE
 National City, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Local Business

DATE(S): 01 / 27 / 12 - / / AMT: \$ 75.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Presented a proclamation.

Comments: _____

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

Name
 Ben Hueso

- 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)
 National City Chamber of Commerce

ADDRESS (Business Address Acceptable)
 901 National City Blvd.

CITY AND STATE
 National City, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Local Business

DATE(S): 10 / 25 / 12 - / / AMT: \$ 10.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

▶ NAME OF SOURCE (Not an Acronym)
 California Issue Forum

ADDRESS (Business Address Acceptable)
 1717 I Street

CITY AND STATE
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Non-profit Organization

DATE(S): 01 / 30 / 12 - / / AMT: \$ 85.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

▶ NAME OF SOURCE (Not an Acronym)
 California Foundation on the Environment and the Eco

ADDRESS (Business Address Acceptable)
 Pler 35, Suite 200

CITY AND STATE
 San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Non-profit for Environmental Protection

DATE(S): 12 / 06 / 12 - 12 / 07 / 12 AMT: \$ 631.81
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
 Participated in a roundtable discussion.

▶ 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: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
California Business Properties Association
 ADDRESS (Business Address Acceptable)
1121 L Street, Suite 809, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commercial Properties

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 18 / 12</u>	<u>\$ 7.12</u>	<u>Food & Drink</u>
<u>06 / 12 / 12</u>	<u>\$ 58.51</u>	<u>Food & Drink</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Filer's Verification

Print Name Ben Hueso

Office, Agency or Court California State Assembly

Statement Type 2012/2013 Annual Assuming Leaving
 (17) 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 03/20/2013

Filer's Signature _____

Comments: _____