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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION
2013 FEB 28 PM 4:17

(TM)

Please type or print in ink.

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

Mensoor Allen R.

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable
Assembly District 74

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:* 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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

[redacted]

I certify under penalty of perjury under the laws of the State of California that [redacted]

Date Signed 2-21-13 (month, day, year) Signatur[redacted]

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Allan Mansoor

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): California New Car Dealer's Association
ADDRESS (Business Address Acceptable): 1415 L St, #700 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Auto Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/20/12	$ 93	Reception and Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Fieldstead and Company, Inc
ADDRESS (Business Address Acceptable): PO Box 19599 Irvine, CA 92623
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Estate Management, Philanthropy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/16/12	$ 53	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): City of Laguna Beach
ADDRESS (Business Address Acceptable): 505 Forest Avenue, Laguna Beach CA 92651
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Local Governance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/24/12	$ 320	4 Tickets to City Event
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/02/12	$ 86	Personalized Bowl
/ /	$	
/ /	$	

► 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: Allan Mansoor

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)
John Wayne Airport
ADDRESS (Business Address Acceptable)
3160 Airway Ave
CITY AND STATE
Costa Mesa, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501(c)(3)
Transportation
DATE(S): 01/01/12 - 12/31/12 (If gift) AMT: $ 450.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Gift of parking for traveling to and from legislative functions

► 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: