



RECEIVED

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
MAR 19 2013  
Official Use Only

A PUBLIC DOCUMENT

BY: [Signature]

Please type or print in ink.

NAME OF FILER (LAST) Torres (FIRST) Norma (MIDDLE) Judith

1. Office, Agency, or Court

Agency Name  
California State Assembly  
Division, Board, Department, District, if applicable  
District 52  
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 \_\_\_\_\_
- 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: 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



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 03/18/2013 (month, day, year)  
Signature \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only

FEB 28 2013

COVER PAGE

Please type or print in ink.

TMO

BY: [Signature]

35 P.M.

NAME OF FILER

Torres

Norma

Judith

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

District 52

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: 9

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

(Business or Agency Address Recommended - Public Document)

State Capitol, PO Box 942849

Sacramento

CA

94249

DAYTIME TELEPHONE NUMBER

( 916 ) 319-2052

E-MAIL ADDRESS (OPTIONAL)

volunteer@normatorres.com

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 02/28/2013

(month, day, year)

Signature

(d)(5)

(File the originally signed statement with your filing official.)



**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Norma J. Torres

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
501 Brookside Lane

CITY  
Pomona, CA 91767

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12 \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
Ron Valentine

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 \_\_\_\_\_

CITY  
 \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12 \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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  
 \_\_\_\_\_

INTEREST RATE TERM (Months/Years)  
 \_\_\_\_\_%  None \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE TERM (Months/Years)  
 \_\_\_\_\_%  None \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE D  
 Income - Gifts**

Name  
**Norma J. Torres**

▶ NAME OF SOURCE *(Not an Acronym)*  
**SEE ATTACHED**

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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: \_\_\_\_\_

**FORM 700 ATTACHMENT  
SCHEDULE D  
Norma J. Torres**

Name of Source	Address	Business Activity (if any)	Date	Value	Description of Gift(s)
California Tribal Business Alliance	1530 J Street, Ste. 410 Sacramento, CA	n/a	1/18/12	\$32.95	food & beverage
California Democratic Party	1401 21st Street #200 Sacramento, CA	n/a	11/8/2012	\$61.71	meal
California Democratic Party	1401 21st Street #200 Sacramento, CA	n/a	2/7-2/8/2012	\$135.38	food & beverage
California Issues Forum	1717 I Street Sacramento, CA	n/a	5/29/2012	\$87.05	meal
California Issues Forum	1717 I Street Sacramento, CA	n/a	6/13/2012	\$65.26	meal
California Issues Forum	1717 I Street Sacramento, CA	n/a	1/30/2012	\$85.00	meal
California Latino Caucus Leadership PAC	400 Capitol Mall, 22nd Floor Sacramento, CA	n/a	12/2/2012	\$76.00	picture & frame
City of Los Angeles	200 N. Spring Street Sacramento, CA 90012	n/a	1/1/12 - 12/31/12	\$360.00	airport parking (multiple dates)
CJ Entertainment Group	3530 Wilshire Blvd., Ste. 1220 Los Angeles, CA 90010	entertainment	8/1/2012	\$260.00	meal, videos, headphones
John A. Perez for Assembly 2012	777 S. Figueroa St., Ste. 4050 Los Angeles, CA 90017	n/a	1/4/2012	\$39.00	engraved box
John A. Perez for Assembly 2012	777 S. Figueroa St., Ste. 4050 Los Angeles, CA 90017	n/a	7/2/2012	\$82.24	meal
John A. Perez for Assembly 2012	777 S. Figueroa St., Ste. 4050 Los Angeles, CA 90017	n/a	8/20/2012	\$48.49	flowers
John A. Perez for Assembly 2012	777 S. Figueroa St., Ste. 4050 Los Angeles, CA 90017	n/a	12/2/2012	\$85.80	bowl
John A. Perez for Assembly 2012	777 S. Figueroa St., Ste. 4050 Los Angeles, CA 90017	n/a	12/2/2012	\$49.40	reception
Johnson & Johnson Services, Inc.	2350 Kerner Blvd., Ste. 250 San Rafael, CA 94901	health care products	9/13/2012	\$110.60	first aid kits

**FORM 700 ATTACHMENT  
SCHEDULE D  
Norma J. Torres**

Name of Source	Address	Business Activity (if any)	Date	Value	Description of Gift(s)
Korail	Korea	transportation	8/3/2012	\$122.00	rail tickets, fan, wood box
Korean National Assembly	Korea	n/a	8/3/2012	\$60.00	vase, hmch box
Korea Trade Investment Promotion Agency	4801 Wilshire Blvd. Ste. Los Angeles, CA 90010	trade promotion	8/2/2012	\$60.00	meal
Pacific Policy Research Foundation	101 Parkstone Dr., Ste. 100 Folsom, CA 95630	n/a	11/16/2012	\$34.15	reception
Pacific Policy Research Foundation	101 Parkstone Dr., Ste. 100 Folsom, CA 95630	n/a	11/18/2012	\$76.96	reception
Personal Insurance Federation of CA	1201 K Street Ste. 1220 Sacramento, CA 95814	insurance	2/15/2012	\$52.15	meal
SEIU United Health Care Workers	5480 Ferguson Drive Los Angeles, CA 90022	n/a	3/19/2012	\$51.92	reception

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Norma J. Torres
--

- 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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 n/a

DATE(S): 03 / 01 / 12 - 03 / 02 / 12 AMT: \$ 443.00  
*(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 Issues Forum

ADDRESS (Business Address Acceptable)  
 1717 I Street

CITY AND STATE  
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 n/a

DATE(S): 08 / 10 / 12 - 08 / 10 / 12 AMT: \$ 471.47  
*(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)  
 n/a

DATE(S): 12 / 11 / 12 - 12 / 11 / 12 AMT: \$ 835.00  
*(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)  
 Democratic Legislative Campaign Committee

ADDRESS (Business Address Acceptable)  
 1401 K Street NW, Ste. 201

CITY AND STATE  
 Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 n/a

DATE(S): 07 / 11 / 12 - 07 / 12 / 12 AMT: \$ 800.00  
*(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  
 Norma J. Torres

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▶ NAME OF SOURCE (Not an Acronym)  
 Korean American Economic Development Corp.

ADDRESS (Business Address Acceptable)  
 1368 W. Jefferson Blvd.

CITY AND STATE  
 Los Angeles, Ca

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 n/a

DATE(SI): 07 / 30 / 12 - 08 / 04 / 12 AMT: \$ 3,455.00  
 (if gift)

TYPE OF PAYMENT: [must check one]  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
meals, lodging, airfare for CA Assembly delegation trip to Korea

▶ NAME OF SOURCE (Not an Acronym)  
 National Assn. of Latino Elected & Appointed Officials

ADDRESS (Business Address Acceptable)  
 1122 W. Washington Blvd., 3rd Floor

CITY AND STATE  
 Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 n/a

DATE(SI): 07 / 20 / 12 - 07 / 22 / 12 AMT: \$ 1,000.00  
 (if gift)

TYPE OF PAYMENT: [must check one]  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
meals, lodging, airfare for emergency planning & preparedness policy institute

▶ NAME OF SOURCE (Not an Acronym)  
 Pacific Policy Research Foundation

ADDRESS (Business Address Acceptable)  
 101 Parkshore Drive, Ste. 100

CITY AND STATE  
 Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 n/a

DATE(SI): 11 / 15 / 12 - 11 / 18 / 12 AMT: \$ 945.09  
 (if gift)

TYPE OF PAYMENT: [must check one]  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
lodging for public policy conference

▶ NAME OF SOURCE (Not an Acronym)  
 Teresa Lozano Long Instit. of Latin American Studies

ADDRESS (Business Address Acceptable)  
 1 University State

CITY AND STATE  
 Austin, TX

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 n/a

DATE(SI): 02 / 23 / 12 - 02 / 23 / 12 AMT: \$ 900.00  
 (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  
 Norma J. Torres

- You must mark either the gift or income box.
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▶ NAME OF SOURCE (Not an Acronym)  
 American Israel Education Foundation

ADDRESS (Business Address Acceptable)  
 251 H Street NW

CITY AND STATE  
 Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 n/a

DATE(S): 11 / 24 / 12 - 12 / 02 / 12 AMT: \$ 10,811.47  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
lodging, transportation, meals to attend Latino Leadership seminar

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

ADDRESS (Business Address Acceptable)  
 1530 J Street, Ste 410

CITY AND STATE  
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 n/a

DATE(S): 12 / 05 / 12 - 12 / 05 / 12 AMT: \$ 360.00  
 (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)

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

▶ 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: \_\_\_\_\_

