

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2013 FEB 26 PM 3:45



BY: Calger

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Weber Shirley Nash

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable Your Position
79th Assembly District 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: 5

- 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



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

Date Signed 2/25/2013
(month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest Is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Asm. Shirley Weber

▶ NAME OF BUSINESS ENTITY
MetLife

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Individual Retirement Account

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT IRA
 Stock Other (Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/12 ____/____/12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other (Describe)

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NATURE OF INVESTMENT
 Stock Other (Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/12 ____/____/12
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Asm. Shirley Weber

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Association of African American Educators</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>PO Box 152102, San Diego CA 92195</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Executive Director</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____		
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
San Diego State University, (Africana Studies)

ADDRESS (Business Address Acceptable)
5500 Campanile Drive, AL-373 SD, CA 92182

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Individual

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 10 / 12	\$ 442.00	Spa (see comments)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
1401 21st Street, #200 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 12	\$ 81.71	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)
Speaker John A. Perez

ADDRESS (Business Address Acceptable)
777 S. Figueroa Street, #4050 LA, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Individual

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 12	\$ 39.43	Meal
12 / 02 / 12	\$ 85.80	Glass Bowl
12 / 02 / 12	\$ 49.50	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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: Special Spa Group Gift from 6 people; Bonnie Reddick(\$73.68), LaShae Collins(\$73.66), Charles Toombs(\$73.66), Adisa Alkabufan(\$73.66), O'Jore Bush(\$73.66) Fan and Anthony Merritt(\$73.70) grand total of \$442.00.

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

Name
 Asm. Shirley Weber

- 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)

 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)
 Callfornia Independent Petroleum Association
 ADDRESS (Business Address Acceptable)
 1001 K. Street, Sixth Floor
 CITY AND STATE
 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Petroleum Association

 DATE(S): ____/____/____ - ____/____/____ AMT: \$892.00
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Meals and Lodging

▶ 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: _____



MAR 11 2013

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

BY: [Signature]

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: Association of African American Educators
ADDRESS: PO Box 152102, San Diego CA 92195
BUSINESS ACTIVITY: Education
YOUR BUSINESS POSITION: Executive Director
GROSS INCOME RECEIVED: \$1,001 - \$10,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: Other Consultant

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Other

Comments:

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.

NAME OF LENDER, INTEREST RATE, TERM, ADDRESS, BUSINESS ACTIVITY, HIGHEST BALANCE DURING REPORTING PERIOD, SECURITY FOR LOAN, GUARANTOR

Filer's Verification

Print Name: Asm. Shirley Weber
Office, Agency or Court: California State Assembly
Statement Type: 2012 Annual
I have used all reasonable diligence in preparing this statement...
Date Signed: 03/11/2013

