CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Data Received
Official Use Only

2013 MAR -1 PM 3:06

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
de León	Kevin	

1. Office, Agency, or Court

Agency Name
California State Senate

Division, Board, Department, District, if applicable: District 22

Your Position: Senator

► 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:* 6

- [x] **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*

5. Verification

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

Date Signed 3/1/13 (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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de León

► NAME OF BUSINESS ENTITY
AOL

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Internet Provider

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)
☐ 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
Hewlett Packerd

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

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)
☐ 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
CDC Software

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

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)
☐ 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
Cisco Systems

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

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)
☐ 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)
☐ 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)
☐ 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: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de León

SCHEDULE D
Income – Gifts

▶ 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: _____

Schedule D
Income - Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de León

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
California Democratic Party	1401 21 St., Ste. 200 Sacramento, CA	95811	N/A	02/07/2012 - 02/08/2012	119.95	Meals (California Democratic Party Policy Conference)
Morongo Band of Mission Indians	12700 Pumarra Rd. Banning, CA	92220	N/A	8/7/2012	$81.11	Dinner (Meeting with Morongo Band of Mission Indians)
Association of California Life & Health Insurance Co.	1201 K St., Ste. 1820 Sacramento, CA	95814	N/A	9/21/2012	$420.00	Golf at Pebble Beach (Conference 35th Annual Round Table)
California-Mexico Studies Center	1551 N. Studebaker Rd. Long Beach, CA	90015	N/A	10/2/2012	$53.00	Dinner (Meet and Greet - Mexico Delegation Trip)
Environmental Defense Fund	257 Park Ave. New York, NY	10010	N/A	10/5/2012	$50.00	Breakfast, Lunch (Educational and Cultural Exchange Visit to Chiapas)
Steinberg for Senate 2010 Committee	1100 O St. Sacramento, CA	95814	N/A	11/8/2012	$96.55	Lunch (Senate Democratic Caucus)
California Democratic Party	1401 21st St., Ste. 200 Sacramento, CA	95811	N/A	12/2/2012	$138.38	Dinner Reception (California Democratic Caucus)
Motion Picture Association of America Inc.	15301 Ventura Blvd., Bldg. E Sherman Oaks, CA	91403	Entertainment	12/6/2012	$141.38	Dinner (Meeting with Senate Pro Tem Steinberg and Senator Christopher Dodd)
California Latino Caucus Leadership PAC	400 Capitol Mall Sacramento, CA	95814	N/A	12/12/2012	$78.00	Caricature & Picture Frame (California Latino Legislative Caucus Celebration Luncheon)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de León

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)*
See attached.
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

► 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:

SCHEDULE E

Income - Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de León

- 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

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3)	DATE(S) (mm/dd/yy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	MADE A SPEECH/ PARTICIPATED IN A PANEL	DESCRIPTION
Applied Materials 3050 Bowers Ave. Sante Clara, CA 95054	Manufacturing	No	7/23/2012	$1,018.31	Gift	Yes	Lodging and Meals in Connection with a Speech (CEQA Legislative Round Table)
Association of California Life & Health Insurance Co. 1201 K St., Ste. 1820 Sacramento, CA 95814	N/A	No	09/19/2012 - 09/20/2012	$1,964.85	Gift	Yes	Lodging and Meals in Connection with Participation at the 35th Annual ACLHIC Round Table
Council of State Governments West 1107 Ninth St., Ste. 730 Sacramento, CA 95814	N/A	Yes	09/30/2012 - 10/4/2012	$1,157.00	Gift	No	Transportation, Lodging, Meals in Connection with Mexico Delegation Trip
State Government of Chiapas, Mexico Palacio de Gobierno, 1er. Piso, Centro Tuxtla Gutierrez, Chiapas, Mexico	N/A	No	10/4/2012 - 10/7/2012	$895.00	Gift	No	Transportation, Lodging, Meals in Connection with Education and Cultural Exchange Visit to Chiapas
Environmental Defense Fund 257 Park Ave. New York, NY 10010	N/A	Yes	10/4/2012 - 10/7/2012	$793.43	Gift	No	Transportation in connection with Education and Cultrual Exchange to Visit to Chiapas

2013 MAR -8 PM 3:36

TM

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- **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)*
See attached.

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

Filer's Verification

Print Name Kevin de León

Office, Agency or Court California State Senate

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 03/07/2013

(d)(5)

Filer's Signature

Comments:

SCHEDULE E

Income - Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de León

- 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

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3)	DATE(S) (mm/dd/yy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	MADE A SPEECH/ PARTICIPATED IN A PANEL	DESCRIPTION
The Aspen Institute One Dupont Circle, NW, 7th Fl. Washington, DC 20036	N/A	Yes	6/27/2012 - 7/3/2012	$1,910.00	Gift	Yes	Transportation, Lodging, Meals in Connection with the Aspen Ideas Festival and the Aspen Challenge
Applied Materials 3050 Bowers Ave. Santa Clara, CA 95054	Manufacturing	No	7/23/2012	$1,018.31	Gift	Yes	Lodging and Meals in Connection with a Speech (CEQA Legislative Round Table)
Schwartz Center for Economic Policy Analysis 6 E. 16th St., Rm. 1112 New York, NY 10003	N/A	No	9/12/2012 - 9/15/2012	$744.00	Gift	Yes	Lodging in Connection with Participation in the State Action for Retirement Security Forum on SB 1234 Retirement Savings Plan
Association of California Life & Health Insurance Co. 1201 K St., Ste. 1820 Sacramento, CA 95814	N/A	No	09/19/2012 - 09/20/2012	$1,964.85	Gift	Yes	Lodging and Meals in Connection with Participation at the 35th Annual ACLHIC Round Table on SB 1234 Retirement Savings Plan
Council of State Governments West 1107 Ninth St., Ste. 730 Sacramento, CA 95814	N/A	Yes	09/30/2012 - 10/4/2012	$1,157.00	Gift	No	Transportation, Lodging, Meals in Connection with Mexico Delegation Trip
State Government of Chiapas, Mexico Palacio de Gobierno, 1er. Piso, Centro Tuxtla Gutierrez, Chiapas, Mexico	N/A	No	10/4/2012 - 10/7/2012	$895.00	Gift	No	Transportation, Lodging, Meals in Connection with Education and Cultural Exchange Visit to Chiapas on Climate Change & Cap and Trade

Environmental Defense Fund 257 Park Ave. New York, NY 10010	N/A	Yes	10/4/2012 - 10/7/2012	$793.43	Gift	No	Transportation in Connection with Education and Cultural Exchange to Visit to Chiapas on Climate Change & Cap and Trade
Progressive States Network 82 Wall St., Ste. 200 New York, NY 10005	N/A	Yes	11/14/2012 - 11f17/2012	$1,533.57	Gift	Yes	Transponation, Lodging, Meals, Supplies in Connection with a Speech on SB 1234 Retirement Savings Plan
Korean American Federation of Los Angeles 981 S. Western Ave., Ste. 401 Los Angeles, CA 90006	N/A	Yes	11/25/2012 - 12/1/2012	$949.00	Gift	No	Transportation in Connection with Legislative Study on Korean Manufacturing, Production and California Trade Activities
Korean National Assembly 1 Ujsadang-daero Yeongdeungpo-gu Seoul, South Korea	N/A	No	11/25/2012 - 12/1/2012	$1,100.00	Gift	No	Lodging in Connection with Legislative Study on Korean Manufacturing, Production and California Trade Activities