Amendment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only
MAR 20 2013

Please type or print in ink.

2013 MAR 22 PM 1:19

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
DeSaulnier	Mark	James

1. Office, Agency, or Court

Agency Name
CA State Senate

Division, Board, Department, District, if applicable: District 7

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:* _____

- [ ] Schedule A-1 - *Investments* – schedule attached
- [x] 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.

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 t

Date Signed _____ Signature
(month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
DeSaulnier	Mark	James

2013 MAR -1 AM 9:44

1. Office, Agency, or Court

Agency Name
CA State Senate

Division, Board, Department, District, if applicable: District 7

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

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **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

MAILING ADDRESS (*Business or Agency Address Recommended - Public Document*) | STREET | CITY | STATE | ZIP CODE

DAYTIME TELEPHONE NUMBER ( ) | E-MAIL ADDRESS (OPTIONAL)

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 2-28-13 *(month, day, year)*

Signature (d)(5) *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest Is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Mark DeSaulnier

▶ 1. BUSINESS ENTITY OR TRUST

DDL Corp. DBA TR's Bar & Grill
Name

PO Box 272687, Concord, CA 94512
Address (*Business Address Acceptable*)

Check one
☐ Trust *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE — IF APPLICABLE, LIST DATE:
☑ $0 - $1,999
☐ $2,000 - $10,000 — ___/___/12 ACQUIRED — ___/___/12 DISPOSED
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ Corporation (Other)

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☑ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE — IF APPLICABLE, LIST DATE:
☐ $2,000 - $10,000
☐ $10,001 - $100,000 — ___/___/12 ACQUIRED — ___/___/12 DISPOSED
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (*Business Address Acceptable*)

Check one
☐ Trust *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE — IF APPLICABLE, LIST DATE:
☐ $0 - $1,999
☐ $2,000 - $10,000 — ___/___/12 ACQUIRED — ___/___/12 DISPOSED
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ (Other)

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE — IF APPLICABLE, LIST DATE:
☐ $2,000 - $10,000
☐ $10,001 - $100,000 — ___/___/12 ACQUIRED — ___/___/12 DISPOSED
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Mark DeSaulnier

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Contra Costa Association of Realtors
ADDRESS (Business Address Acceptable)
1870 Olympic Blvd, Ste 200, Walnut Creek, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Receptions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/07/12	$ 30.00	Ticket
10/25/12	$ 50.13	Food & beverage
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Lafayette Chamber of Commerce
ADDRESS (Business Address Acceptable)
100 Lafayette Circle #103, Lafayette, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Membership Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/20/12	$ 55.00	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Contra Costa Council
ADDRESS (Business Address Acceptable)
1355 Willow Way, Ste 253, Concord, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/26/12	$ 125.00	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
CA Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st Street, Ste 200,Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/07/12	$ 221.74	Meals
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Blackhawk Services
ADDRESS (Business Address Acceptable)
3700 Blackhawk Plaza Circle, Danville, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Livingston's 33rd Annual Sheriff's Ball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/24/12	$ 150.00	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym)
Steinberg for Senate 2010 Committee
ADDRESS (Business Address Acceptable)
1100 O Street, Ste 200, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Caucus lunch

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/08/12	$ 96.55	Lunch
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Mark DeSaulnier

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Northern CA Carpenters Regional Council
ADDRESS *(Business Address Acceptable)*
265 Hegenberger Road, Ste 200, Oakland
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Moose Feed Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/14/12	$ 50.00	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Bay Area Council
ADDRESS *(Business Address Acceptable)*
201 California Street, Ste 1450, San Francisco
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/18/12	$ 95.00	Ticket
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Mark DeSaulnier

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)*
Canterbury Earthquake Recovery Authority
ADDRESS *(Business Address Acceptable)*
CERA, Private Bag 4999, Christchurch 8140
CITY AND STATE
New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 11 / 16 / 12 - ___/___/___ *(If gift)* AMT: $ 52.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Transportation, lunch and souvenir.

► NAME OF SOURCE *(Not an Acronym)*
Christchurch International Airport Limited
ADDRESS *(Business Address Acceptable)*
PO Box 14001, Christchurch Airport
CITY AND STATE
Christchurch, New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Public/private partnership
DATE(S): 11 / 16 / 12 - ___/___/___ *(If gift)* AMT: $ 113.50
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Dinner and beverage.

► NAME OF SOURCE *(Not an Acronym)*
Villa Maria Estate
ADDRESS *(Business Address Acceptable)*
PO Box 43046, Mangere
CITY AND STATE
Manukau 2153, New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Business
DATE(S): 11 / 20 / 12 - ___/___/___ *(If gift)* AMT: $ 50.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Dinner and beverage.

► 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Mark DeSaulnier

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)*
Saint Petersburg Legislative Assembly
ADDRESS *(Business Address Acceptable)*
6 Isaaklevskaya Square-Marylnsky Palace 190107
CITY AND STATE
St. Petersburg-Russian Federation
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 09 / 12 / 12 - 12 / 16 / 12 *(If gift)* AMT: $ 2,192.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Hotel accommodations, ground transportation, meals, cultural activities, interpreting services.

► NAME OF SOURCE *(Not an Acronym)*
Moscow City Duma
ADDRESS *(Business Address Acceptable)*
22 Petrovka St. - Moscow 127994
CITY AND STATE
Russian Federation
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 09 / 16 / 12 - 09 / 20 / 12 *(If gift)* AMT: $ 1,850.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Accommodation, in-country transportation, meals, cultural activities and interpreting services.

► NAME OF SOURCE *(Not an Acronym)*
Legislative Council-Parliament of New South Wales
ADDRESS *(Business Address Acceptable)*
NSW Parliament
CITY AND STATE
Marcquarie Street, Sydney NSW 2000
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government
DATE(S): 11 / 10 / 12 - 11 / 15 / 12 *(If gift)* AMT: $ 947.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Ground transportation, meals and beverage, cultural activities.

► NAME OF SOURCE *(Not an Acronym)*
New Aealand Parliament
ADDRESS *(Business Address Acceptable)*
Parliament Buildings
CITY AND STATE
Private Bag 18041 Wellington 6160
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
New Zealand
DATE(S): 11 / 15 / 12 - / / *(If gift)* AMT: $ 130.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Dinner

Comments:

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Mark DeSaulnier

▶ 1. BUSINESS ENTITY OR TRUST

Name: DDL Corp. DBA TR's Bar & Grill

Address (Business Address Acceptable): PO Box 272687, Concord, CA 94512

Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Restaurant

FAIR MARKET VALUE
☑ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ Corporation (Other)

YOUR BUSINESS POSITION: Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☑ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ ____ (Other)

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

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☐ INVESTMENT ☐ REAL PROPERTY

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☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Mark DeSaulnier

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Blackhawk Services, Museum
ADDRESS (Business Address Acceptable)
3700 Blackhawk Plaza Circle, Danville, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Livingston's 33rd Annual Sheriff's Ball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/24/12	$ 150.00	Ticket
/ /	$	
/ /	$	

► 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: