

FEB 27 2013 *AD*

Please type or print in ink. 2013 FEB 27 PM 3:49



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

1. Office, Agency, or Court

Agency Name
CALIFORNIA STATE SENATE
Division, Board, Department, District, if applicable
Your Position
CALIFORNIA STATE SENATOR, DISTRICT 13

► 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, 20(2), through December 31, 20(2).
-or-
The period covered is _____ through December 31, 20(2).
- 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, 20(2), 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: 8
- 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 02/20/2013 Signature _____
(month, day, year)

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
HILL, JERRY

▶ NAME OF BUSINESS ENTITY
Apple Corporation**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer Electronics

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
Apricus Biosciences, Inc.**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Drug Delivery Technologies

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)
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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$100,001 - \$1,000,000 Over \$1,000,000

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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$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: ****Stocks are the sole and separate property of my spouse.**

**2012
HPS ACCOUNTS \$10,000.00+**

Name	Name
MERIT PROPERTIES	PACIFIC SHORES CLUB
CHANDLER	PALACE HOTEL
ACADEMY OF ART UNIV.	PARK PLAZA TOWERS
ANNA LIPPI	SALVATION ARMY
BAY CONSTRUCTION	SAN CARLOS TOWERS
CARILLON TOWERS	SEAN KELLY
CLUB ONE AT FILLMORE CTR	SEQUOIA HIGH SCHOOL DISTRICT
CPMC	SF BAY CLUB
CROWN PLAZA HOTEL	SHARON HEIGHTS GOLF COUR
CRYSTAL SPRINGS TERRACE	SOUTH BEACH MARINA APTS
DA VINCI VILLA	ST. IGNATIUS COLLEGE PREP
DIAMOND HEIGHTS VILLAGE	THE MANOR
DRAPER UNIV	THE MANOR - GARDEN
EL RANCHO SUITES	THE MANOR - PORT ROYAL
EUGENE SKALNYI	TPA COMPANY
EXETER EAST LLC	TRAVELODGE
FARALLON HOA	TREASURE ISLE H.O.A.
FONTANA WEST	TRINITY PROPERTIES
GARY BALLARD	UDR
GOLDMINE HILL HOA	VICTORIA MEWS - CITISCAPE MGMT
GRAMERCY ON THE PARK	W SAN FRANCISCO-STARWOOD HOTEL
GRAMERCY TOWERS CONDOS	WATERMARK H.O.A.
GREEN HILLS COUNTRY CLUB	WHALERS ISLAND H.O.A.
GROSVENOR ATRIUM	YMCA
HILTON GARDEN INN	
INTERCONTINENTAL HOTEL	
JACK SCHAFER	
JAMES ROBERTS-OBAYASHI CORP	
JCC OF SAN FRANCISCO	
JOHN FIELD	
LA PETITE BALEEN	
LAKWOOD APARTMENTS	
LEGION OF HONOR	
MARGOT GOLDING	
MARK SINCLAIR	
MARY STEVENS	
MCLELLAN ESTATE COMPANY	
MERCY HIGH SCHOOL	
MERIDIAN BAY	
MICHAEL PODELL	
MILLBRAE SWIM CLUB	
MILLENNIUM TOWERS	
NORTHPOINT	
ONE EMBARCADERO SOUTH	
OPERA PLAZA	
PACIFIC ATHLETIC CLUB	

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
HILL, JERRY

1 BUSINESS ENTITY OR TRUST

The Estheticians Skin Care Center**
Name

315 N. San Mateo Drive, San Mateo, CA 94401
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Skin Care

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION NONE

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

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

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

None
N/A

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 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

1 BUSINESS ENTITY OR TRUST

Spa Luxe**
Name

272 Redwood Shores Pkwy, Redwood City, CA 94065
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Spa Services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION NONE

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

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

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

None
N/A

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 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

Comments: **Businesses are the sole & separate property of spouse

SCHEDULE D
Income - Gifts

Name
HILL, JERRY

▶ NAME OF SOURCE (Not an Acronym)
Facebook, Inc.

ADDRESS (Business Address Acceptable)
1601 Willow Road, Menlo Park, CA 94025

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Social Media

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 12	\$ 297	Dinner for Self/Spouse
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
1401 21st St, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 12	\$ 135	Policy Conf - Meals
12 / 02 / 12	\$ 136	Dinner
___ / ___ / ___	\$ _____	_____

▶ 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)
Bay Blo

ADDRESS (Business Address Acceptable)
250 E. Grand Ave #26, S. San Francisco, CA 94080

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Life Sciences Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 12	\$ 192	Dinner for Self/Spouse
___ / ___ / ___	\$ _____	at Pantheon Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Steinberg for Senata 2010

ADDRESS (Business Address Acceptable)
1100 O St, Suite 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 12	\$ 87	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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

Name
 HILL, JERRY

- * 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 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Nonprofit Organization

DATE(S): 12 / 11 / 12 - 12 / 11 / 12 AMT: \$ 55.00
(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)
 TechNet, The Technology Network

ADDRESS (Business Address Acceptable)
 5050 El Camino Real, Suite 106

CITY AND STATE
 Los Altos, CA 94022

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Technology Trade Association

DATE(S): 12 / 12 / 12 - 12 / 13 / 12 AMT: \$ 183.41
(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: _____