



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
 A PUBLIC DOCUMENT

Date Received _____
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 NEGRETE McLEOD GLORIA

1. Office, Agency, or Court

Agency Name
 California State Senate
 Division, Board, Department, District, if applicable 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)

- 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.
- 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: _____

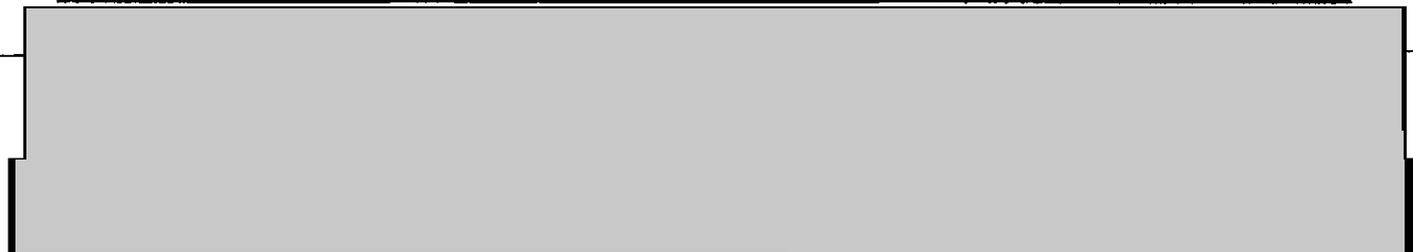
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- 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



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

Date Signed 3-15-13 _____ Signature _____
(month, day, year)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 NEGRETE McLEOD GLORIA

1. Office, Agency, or Court

Agency Name
 California State Senate
 Division, Board, Department, District, if applicable
 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)

- 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.
- or- Leaving Office: Date Left _____ (Check one)
- or- The period covered is _____ through December 31, 2012.
- Assuming Office: Date assumed _____ The period covered is January 1, 2012, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____ 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 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

(d)(5)

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 (d)(5)

Date Signed _____
 (month, day, year)

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

**SCHEDULE D
Income – Gifts**

Name
Gloria Negrete McLeod

▶ NAME OF SOURCE (Not an Acronym)
California Issues Forum

ADDRESS (Business Address Acceptable)
1717 I Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 29 / 12	\$ 87	meal
	\$	
	\$	

▶ 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 *Issues* ✓
FORUM

June 19, 2012

Senator Gloria Negrete McLeod
California State Senate
State Capitol, Room 4061
Sacramento, CA 95814

Dear Senator Negrete McLeod:

On behalf of the California Issues Forum, thank you for attending the recent dinner hosted by the California Issues Forum at the home of David Townsend.

Pursuant to new FPPC regulations, we are providing you with the following information for you to report on your 2012 Form 700's Schedule D.

Name of Source:	<u>California Issues Forum</u>	
Address:	<u>17171 Street</u>	
City and State:	<u>Sacramento, CA 95811</u>	
Business Activity:	<u>Nonprofit organization</u>	
Date:	Value	Description of Gifts(s)
<u>05/29/12</u>	<u>\$87.05</u>	<u>meal</u>

Please note that the California Issues Forum, a 501(c)(4) nonprofit organization, is not required to separately disclose the details of this event or the value of the gift.

If you have any questions or concerns, please contact me at (916) 444-5428.

Again, thank you for your participation.

Sincerely,



Chris Tapio

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

Name
 Gloria Negrete McLeod

- 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.

2012
No Travel
 Did not go
 to Hawaii

 501 (c)(3)

 Income

▶ 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

 501 (c)(3)

 Income

▶ 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

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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5091-5095 Kingsley Avenue

CITY
Monclair, CA 91763

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

ACQUIRED / / 12 DISPOSED / / 12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other
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
N/A

▶ 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

ACQUIRED / / 12 DISPOSED / / 12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other
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

Comments:

Filer's Verification

Print Name _____

Office, Agency or Court _____

Statement Type 2012/2013 Annual Assuming Leaving
 _____ 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 3-15-13

(d)(5)

Filer's Sign _____