

STATEMENT OF ECONOMIC INTERESTS

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Please type or print in ink.

2013 MAR -1 AM 9:44

NAME OF FILER (LAST) Curren (FIRST) D. (MIDDLE)
Price

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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

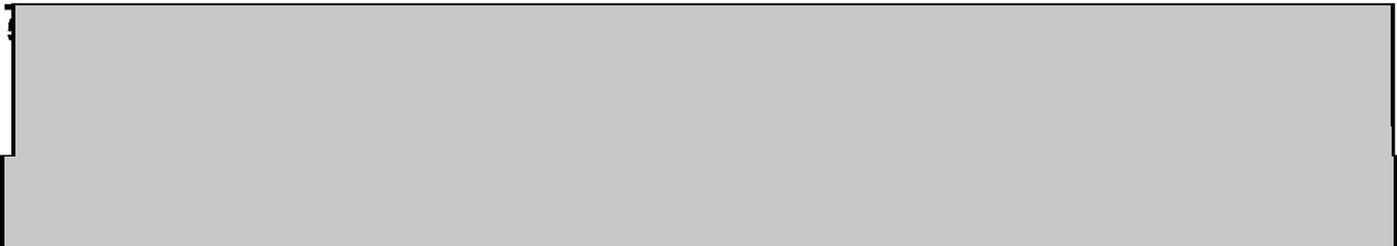
- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is _____ through December 31, 2012.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check 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
- 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 a
I certify under penalty of perjury under the laws of the State of California that

Date Signed Feb 25, 2013 (month, day, year) Signature

**SCHEDULE D
Income – Gifts**

Name
Curven D. Price

▶ NAME OF SOURCE
PGE
ADDRESS (Business Address Acceptable)
1415 L Street, Suite 280, Sacramento, 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 24 / 12</u>	<u>\$ 127.14</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Student First Institute
ADDRESS (Business Address Acceptable)
PO Box 5280, Sacramento, 95817
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 25 / 12</u>	<u>\$ 200.00</u>	<u>Ticket Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Los Angeles Chamber of Commerce
ADDRESS (Business Address Acceptable)
350 S. Bixel Street, Los Angeles, 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 26 / 12</u>	<u>\$ 140.58</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Dental Association
ADDRESS (Business Address Acceptable)
1201 K Street, 14th Floor, Sacramento, 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 12</u>	<u>\$ 560.47</u>	<u>Lodging and Meals</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st Street, Sacramento, 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 07 / 12</u>	<u>\$ 119.95</u>	<u>Meal</u>
<u>12 / 02 / 12</u>	<u>\$ 136.36</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
RIAA (Recording Industry Association of America)
ADDRESS (Business Address Acceptable)
3400 W. Olive Avenue, 5th Floor, Burbank, 91505
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Muslc Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 12 / 12</u>	<u>\$ 179.14</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE
CTIA(Wireless Application)
 ADDRESS (Business Address Acceptable)
1400 16th Street, NW Suite 600, Washington, DC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 29 / 12</u>	<u>\$ 82.31</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Wine Institute
 ADDRESS (Business Address Acceptable)
425 Market Street, Suite 100, San Francisco, 94105
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 12 / 12</u>	<u>\$ 66.23</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Walt Disney Company
 ADDRESS (Business Address Acceptable)
500 S. Buena Vista Street, Burbank, 91521
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 17 / 12</u>	<u>\$ 210.00</u>	<u>Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Legislative Black Caucus Policy Institute
 ADDRESS (Business Address Acceptable)
925 L Street, Suite 1490, Sacramento, 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 18 / 12</u>	<u>\$ 100.00</u>	<u>Gift Basket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Steingberg for Senate 2010 Committee
 ADDRESS (Business Address Acceptable)
1100 O Street, Sacramento, 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

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

▶ NAME OF SOURCE
Mastagni's Law Firm
 ADDRESS (Business Address Acceptable)
1912 I Street, Sacramento, 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 12</u>	<u>\$ 58.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE
Beverly Hills/Greater L.A. Association of Realtors
 ADDRESS (Business Address Acceptable)
6330 S. San Vicente Blvd, #100 Beverly Hills, 90048
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 08 / 12</u>	<u>\$ 110.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

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)
California Legislative Black Caucus Policy Institute
 ADDRESS (Business Address Acceptable)
925 L Street, Suite 1490
 CITY AND STATE
Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Professional Organization
 DATE(S): 08 / 16 / 12 AMT: \$ 1,262.88
(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)
California Legislative Black Caucus Policy Institute
 ADDRESS (Business Address Acceptable)
925 L Street, Suite 1490
 CITY AND STATE
Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Professional Organization
 DATE(S): 10 / 18 / 12 AMT: \$ 2,752.00
(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: _____

rec'd 8/2/13
TW

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)
California Legislative Black Caucus Policy Institute
ADDRESS (Business Address Acceptable)
925 L Street, Suite 1490
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Professional Association
DATE(S): ___/___/___ - 08 / 16 / 12 AMT: \$ 1,252.88
(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)
California Legislative Black Caucus Policy Institute
ADDRESS (Business Address Acceptable)
925 L Street, Suite 1490
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Professional Association
DATE(S): ___/___/___ - 10 / 18 / ___ AMT: \$ 2,752.00
(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)
California Dental Association
ADDRESS (Business Address Acceptable)
1201 K Street, 14th Floor
CITY AND STATE
Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Professional Association
DATE(S): ___/___/___ - 02 / 02 / 12 AMT: \$ 560.47
(if gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

Filer's Verification
Print Name Curren D. Price
Office, Agency or Court State Senator (Former)
Statement Type 2012/2013 Annual Assuming Leaving
 ___ Annual Candidate
(if)
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 8/2/13
(d)(5)
Filer's Signature

Comments: