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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received

Please type or print in ink.

2013 FEB -4 PM 1:24

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Vargas	Ivan	C

1. Office, Agency, or Court

Agency Name: State Senate
Division, Board, Department, District, if applicable

Your Position: Senator, 40th District

► 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)*

- [ ] **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ___/___/___, through December 31, 2011.
- [ ] **Assuming Office:** Date assumed ___/___/___
- [ ] **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- [x] **Leaving Office:** Date Left 1/2/2013 *(Check one)*
  - ○ The period covered is January 1, 2011, through the date of leaving office.
  - ⊗ The period covered is 1/1/2012, 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
- [x] Schedule B - *Real Property* – schedule attached
- [x] 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 tha

Date Signed 1/30/12 *(month, day, year)*

Signatu

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Juan C. Vargas

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1133 39th Street

CITY
Sacramento CA

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

IF APPLICABLE, LIST DATE:
___/___/11 ACQUIRED ___/___/11 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold ____ 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.
Bill Nunes / Lisa Brown

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
___/___/11 ACQUIRED ___/___/11 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold ____ 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.

* 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*
JP Morgan / Chase

ADDRESS (Business Address Acceptable)
1950 Arden Way, Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF LENDER
Financial / Lending Service

INTEREST RATE: 4.75 %
☐ None

TERM (Months/Years): 360 mos.

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE ____ %
☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Juan C. Vargas

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: California State Legislature

ADDRESS (Business Address Acceptable): California State Capitol

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Legislator

YOUR BUSINESS POSITION: Senator

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, list each source of $10,000 or more
- ☐ Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: San Diego Foundation

ADDRESS (Business Address Acceptable): 2508 Historic Decatur Rd, #200

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Community Foundation

YOUR BUSINESS POSITION: Vice President, Charitable Giving

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☒ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, list each source of $10,000 or more
- ☐ Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE: _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ Street address _____ City
- ☐ Guarantor
- ☐ Other _____ (Describe)

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Juan C. Vargas

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
ALS Association, Golden West Chapter	28720 Roadside Dr., #200 Agoura Hills	Health Advocacy Association	4/30/12	$63.16	Dinner
CA Issues Forum	1717 I Street, Sacramento, CA	Policy Association	5/29/12	$87.05	Dinner w/ Gov
Neighborhood Natural Bank	3511 National Ave., San Diego	Financial Services	3/20/12	$50.00	Dinner w/Bob McGill
Democratic Legislative Campaign Comm	1401 K St. NW #201 Washington, DC	Political Association	7/12/12	$420.00	Food + lodging
Union Bank	400 Oceangate Ave., Long Beach, CA	Financial Services	3/28/12	$87.00	CA Bankers Association Dinner
Western States Petroleum Assoc.	1415 L St. #600 Sacramento, CA	Industry Association	6/18/12	$323.00	Dinner at The Kitchen

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Juan C. Vargas

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Phillips 66	1201 K St. #1930 Sacramento CA	Industry Association	8/27/12	$77.00	Dinner at Ella
SDG&E	925 L St #650 Sacramento, CA	Industry Association	9/13/12	$119.00	Emergency preparedness backpac
DCCC	430 S. Capitol St. SE, Washington DC	Political Association	9/5/12	$83.50	Luncheon
Los Angeles Area Chamber of Commerc	350 S. Bixel St. Los Angeles, CA	Business Association	1/26/12	$140.58	Inaugural dinner

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Juan C. Vargas

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. These payments are not subject to the $420 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE
Democratic Legislative Campaign Comm.
ADDRESS (Business Address Acceptable)
1401 K St, NW, #201, Washington DC
CITY AND STATE
Political Association
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
Panel Discussion (Food + Beverages)
Lodging (2 nights)

► NAME OF SOURCE
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
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
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: Juan C. Vargas

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): Legislative Council - Parliament of New South Wales
ADDRESS (Business Address Acceptable): Macquarie St., Sydney NSW 2000
CITY AND STATE: New South Wales, Australia
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government ☐ 501 (c)(3)
DATE(S): 11/10/12 - 11/15/12 (If gift) AMT: $ 2,379.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description: Ground transportation, meals & beverage, cultural activities

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► NAME OF SOURCE (Not an Acronym): New Zealand Parliament
ADDRESS (Business Address Acceptable): Private Bag 18041 Wellington 6160 New Zea
CITY AND STATE: Wellington, New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government ☐ 501 (c)(3)
DATE(S): 11/15/12 (If gift) AMT: $ 260.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description: Dinner

► NAME OF SOURCE (Not an Acronym): Canterbury Earthquake Recovery Authority
ADDRESS (Business Address Acceptable): Private Bag 4999, Christchurch 8140 - New Zealand
CITY AND STATE: Christchurch, New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government ☐ 501 (c)(3)
DATE(S): 11/16/12 (If gift) AMT: $ 104.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description: Transportation, lunch + souvenir

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► NAME OF SOURCE (Not an Acronym): Christchurch International Airport Limited
ADDRESS (Business Address Acceptable): P.O. Box 14001, Christchurch Airport
CITY AND STATE: Christchurch, New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Public/private partnership ☐ 501 (c)(3)
DATE(S): 11/16/12 (If gift) AMT: $ 227.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description: Dinner

Comments: Trip was sponsored by the California International Relations office to Australia and New Zealand and was attended by myself and my wife.

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

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

TM

- **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.**

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
MAY 29 2013

► NAME OF SOURCE *(Not an Acronym)*
Democratic Legislative Campaign Comm
ADDRESS *(Business Address Acceptable)*
1401 K St. NW #201 Washington DC
CITY AND STATE
Political Association
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 7/12/12 / / (If gift) AMT: $ 420.00

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Panel Discussion (Food+Bev.)
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): / / - / / (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 JUAN VARGAS
Office, Agency or Court State Senate, 40th District
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 04/10/13

(d)(5)

Filer's Sig

Comments: