CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Wright	Roderick	Devon

1. Office, Agency, or Court

Agency Name
California State Legislature

Division, Board, Department, District, if applicable
25th District (which became the 35th District-Dec. 1, 2012)

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:* 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*

5.

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

Date Signed 02/28/2013 *(month, day, year)*

Signature

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
868 Glenway Drive

CITY
Inglewood, CA 90302

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
- ☑ 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.
☐ None
Wanda Sanders/Samahndi Cunningham
Donna El Armonte/Autumn Paysinger

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7627 S. Dalton Avenue

CITY
Los Angeles 90047

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
- ☑ 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.
☐ 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 ____% ☐ 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

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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4556 Don Milagro Drive

CITY
Los Angeles, CA 90008

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

NATURE OF INTEREST
- [x] 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.
- [ ] None

► 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:
/ / 12 ACQUIRED
/ / 12 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.
- [ ] 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 ____ % - [ ] 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

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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Roderick D. Wright

SCHEDULE D
Income – Gifts

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)
Steinberg for Senate 2010	555 Capitol Mall, Suite 1425 Sacramento 95814	Democratic Caucus Lunch	01/10/12	$23.76	food & beverage
			11/08/12	$96.55	food & beverage
			/ /	$	
			/ /	$	

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)
California Tribal Business Alliance	1530 J Street, Suite 410, Sacramento 95814	Reception	01/18/12	$32.95	food & beverage
			/ /	$	
			/ /	$	

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)
Family Winemakers of California	520 Capitol Mall, Suite 260, Sacramento 95814	Legislative Dinner	01/24/12	$58.38	food & beverage
			/ /	$	
			/ /	$	

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)
Service Employees Int'l Union, United Healthcare W	1338 Mission Street, San Francisco 94103	Reception	03/19/12	$51.92	food & beverage
			/ /	$	
			/ /	$	

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)
Rio Tinto Minerals	14486 Borax Road, Boron, 93516	Legislative Dinner	04/11/12	$18.10	beverage
			/ /	$	
			/ /	$	

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)
State Farm	1201 K Street, Suite 920, Sacramento 95814	Reception	04/17/12	$26.59	food & beverage
			/ /	$	
			/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

SCHEDULE D
Income – Gifts

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)
Entertainment Software Association	575 7th Street, NW, Washington, DC 20004	Educ'l Panel: Video Games: Innovation in the 21st	05/02/12	$34.46	food & beverage
CalChamber	1215 K Street, Suite 1400, Sacramento 95814	Reception	05/21/12	$36.57	food & beverage
Students First	825 K Street, 2nd Floor, Sacramento 95814	National Headquarters-Open House	06/19/12	$16.87	food & beverage
Phillips 66	1201 K Street, Suite 1930, Sacramento 95814	Dinner	08/27/12	$77.00	food & beverage
Toni Atkins for Assembly 2012	330 Encinitas Blvd., Suite 101, Encinitas 92024	Assembly Member Huber's Farewell Dinner	08/30/12	$26.92	food & beverage
California Democratic Party	1401 21st Street, Suite 200, Sacramento 95811	Senate Democratic Caucus Dinner	12/02/12	$136.36	food & beverage

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Callfomla Issues Forum
AOORESS *(Business Address Acceptable)*
1717 I Street, Sacramento 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dlnner(s)

OATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)
05 / 09 / 12	$ 87.05	meal
06 / 13 / 12	$ 65.26	meal
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
AOORESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

OATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
AOORESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

OATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
AOORESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

OATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFTIS)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
AOORESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

OATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
AOORESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

OATE imm/dd/yy)	VALUE	OESCRIPTION OF GIFTIS)
/ /	$	
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

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)*
Morongo Band of Mission Indians
ADDRESS *(Business Address Acceptable)*
12700 Pumarra Road
CITY AND STATE
Banning, CA 92220
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Dinner Meeting
DATE(S): 01 / 07 / 12 - ___ / ___ / ___ *(If gift)* AMT: $ 129.07
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Dinner as part of National Council of Legislators from Gaming States Meeting

► 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)
DATE(S): 01 / 30 / 12 - ___ / ___ / ___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Meal associated with speech

► NAME OF SOURCE *(Not an Acronym)*
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
101 West Broadway, Suite 1460
CITY AND STATE
San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Business & Leadership Policy Conference
DATE(S): 11 / 11 / 12 - 11 / 15 / 12 *(If gift)* AMT: $ 2,142.60
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Accommodations, meal & beverages in connection w/making a speech & participating in panel discussion

► NAME OF SOURCE *(Not an Acronym)*
Manufacturers & Technology Asociation
ADDRESS *(Business Address Acceptable)*
1115 Eleventh Street
CITY AND STATE
Sacramento, CA 95814-3819
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Dinner
DATE(S): 11 / 12 / 12 - ___ / ___ / ___ *(If gift)* AMT: $ 149.78
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
food & beverage

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

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)*
Pacific Gas and Electric Company
ADDRESS *(Business Address Acceptable)*
1415 L Street, Suite 280
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Lunch
DATE(S): 11 / 14 / 12 - ___/___/___ *(If gift)* AMT: $ 31.84
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Sponsored meal as part of CAIVP Symposium

► NAME OF SOURCE *(Not an Acronym)*
CA Correctional Peace Officers Association
ADDRESS *(Business Address Acceptable)*
755 Riverpoint Drive
CITY AND STATE
West Sacramento, CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): 11 / 15 / 12 - ___/___/___ *(If gift)* AMT: $ 110.39
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Sponsored meal as part of CAIVP Symposium

► NAME OF SOURCE *(Not an Acronym)*
CA Beer and Beverage Distributors
ADDRESS *(Business Address Acceptable)*
1415 L Street, Suite 890
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Meal
DATE(S): 11 / 15 / 12 - ___/___/___ *(If gift)* AMT: $ 17.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
hosted a meal as part of CAIVP symposium

► 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:

(50)

MAR 19 2013

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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)*
Callfomia Issues Forum
ADDRESS *(Business Address Acceptable)*
~~1717 I Street~~
CITY AND STATE
Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 01 / 30 / 12 - ___/___/___ *(If gift)* AMT: $ 85.00

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

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Meal associated with speech

► 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 Roderick D. Wright

Office, Agency or Court Califomia State Legislature

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 March 19, 2013

(d)(5)

Filer's Signature

Comments: