



2014 FEB 27 AM 8:34

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Harris Kamala D.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Department of Justice

Attorney General

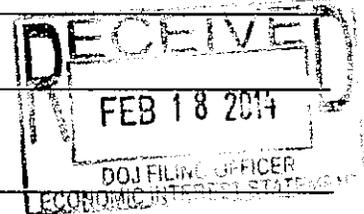
Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, 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: 3

- 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. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California

Date Signed 21 19 14
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
 Kamala Harris

▶ NAME OF SOURCE (Not an Acronym)
 Kasim Reed

ADDRESS (Business Address Acceptable)
 55 Trinity Ave., Atlanta, GA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Mayor of Atlanta

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 20 / 13	\$ 159	football ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Western Candy Conference

ADDRESS (Business Address Acceptable)
 1500 Grant Ave , Novato, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 30 / 13	\$ 100 (est)	candy
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Shefali Razdan Duggal

ADDRESS (Business Address Acceptable)
 245 23rd Ave., San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 political activist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 4 / 13	\$ 300 (est)	artwork
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Breakthrough Prize in Life Sciences Foundation

ADDRESS (Business Address Acceptable)
 www.breakthroughprizeinlifesciences.org

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 nonprofit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 12 / 13	\$ 120	awards ceremony
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Lynda & Stewart Resnick

ADDRESS (Business Address Acceptable)
 11444 Olympic Blvd., Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Roll Global

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 13	\$ 75 (est)	gift basket
/ /	\$	
/ /	\$	

▶ 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
 Kamala Harris

- 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)
 Int'l Brotherhood of Teamsters

ADDRESS (Business Address Acceptable)
 7120 East Parkway

CITY AND STATE
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 labor union

DATE(S): 5 / 13 / 13 (if gift) AMT: \$ 296.50

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 Conference of Western Attorney Generals

ADDRESS (Business Address Acceptable)
 1300 I St.

CITY AND STATE
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 nonprofit organization

DATE(S): 7 / 22 / 13 (if gift) AMT: \$ 628

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 _____

▶ 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: _____