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2014 FEB 28 PM 4:16

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Tonlakson Tom Allen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
California Department of Education State Superintendent of Public Instruction  
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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

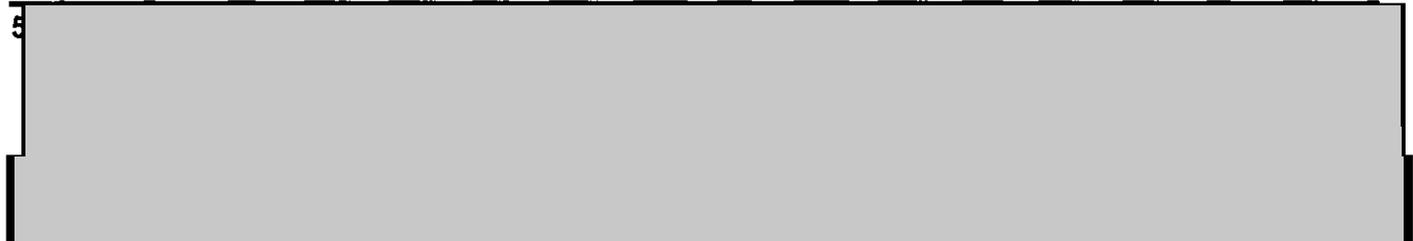
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- (Check one)  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
○ The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
○ 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 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



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 2/27/14  
(month, day, year)

Signature

**SCHEDULE D**  
**Income – Gifts**

Name  
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)  
California Charter Schools Association

ADDRESS (Business Address Acceptable)  
1107 9th St # 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Education policy advocate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 13</u>	<u>\$ 71.32</u>	<u>reception, self &amp; 1 staff</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Equality California

ADDRESS (Business Address Acceptable)  
8350 Santa Monica Blvd. Ste. 200, West Hollywood

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Civil Rights Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 23 / 13</u>	<u>\$ 300.00</u>	<u>2 tix to reception</u>
<u>03 / 11 / 13</u>	<u>\$ 45.00</u>	<u>reception, self &amp; 2 staff</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
California Alliance Group

ADDRESS (Business Address Acceptable)  
770 L Street, Suite 950, Sacramento, California 9581

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Advocacy group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 25 / 13</u>	<u>\$ 100.00</u>	<u>2 tix to reception</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Alameda Teachers and Figherfighters Local 689

ADDRESS (Business Address Acceptable)  
PO Box 727, Alameda, California 94501

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 13</u>	<u>\$ 100.00</u>	<u>2 tix to fundraiser</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Pius Lee

ADDRESS (Business Address Acceptable)  
916 Stockton Street, San Francisco, CA 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business leader

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 25 / 13</u>	<u>\$ 200.00</u>	<u>dinner for 4</u>
<u>06 / 01 / 13</u>	<u>\$ 105.00</u>	<u>dinner for 3</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Karen Skelton

ADDRESS (Business Address Acceptable)  
921 11th St, 10th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lawyer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 04 / 13</u>	<u>\$ 250.00</u>	<u>ticket to reception</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)  
California State Federation of Labor

ADDRESS (Business Address Acceptable)  
600 Grand Avenue, Suite 410, Oakland, CA 94610

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 13</u>	<u>\$ 60.00</u>	<u>conference ticket</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Susan Rowe

ADDRESS (Business Address Acceptable)  
28482 Copper Creek Drive, Coarsegold, CA 93614

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Madera County Democratic Central Committee prez

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 02 / 13</u>	<u>\$ 100.00</u>	<u>gift basket</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Caroll Yandell

ADDRESS (Business Address Acceptable)  
28 Geary St., Suite 650, San Francisco, CA 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chair, Golden Gate Board, NatureBridge

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 06 / 13</u>	<u>\$ 125.00</u>	<u>1 ticket to gala</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
The California Group

ADDRESS (Business Address Acceptable)  
381 Bush Street, Ste 300, San Francisco, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
political consulting firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 30 / 13</u>	<u>\$ 50.00</u>	<u>1 ticket to breakfast</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Best Buddies International

ADDRESS (Business Address Acceptable)  
5601 W Slauson Avenue, Ste 255, Culver City, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Volunteer nonprofit - 501(C)(3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 06 / 13</u>	<u>\$ 225.00</u>	<u>1 reception ticket</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Ellen and Dave Siminoff

ADDRESS (Business Address Acceptable)  
P.O. Box 0935, Los Altos CA 94023-0935

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educational resources business leader

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 01 / 13</u>	<u>\$ 100.00</u>	<u>dinner for 1</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name

Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)  
Consumer Attorneys of California  
 ADDRESS (Business Address Acceptable)  
770 L St # 1200, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
professional organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 13</u>	<u>\$ 400.00</u>	<u>2 tix to Awards Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
American Israel Public Affairs Committee  
 ADDRESS (Business Address Acceptable)  
6310 S San Vicente Blvd, Los Angeles, CA 90048  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Policy Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 09 / 13</u>	<u>\$ 250.00</u>	<u>2 tix to gala</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Silicon Valley Education Foundation  
 ADDRESS (Business Address Acceptable)  
1400 Parkmoor Ave #200, San Jose, CA 95126  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Education nonprofit - 501(C)(3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 15 / 13</u>	<u>\$ 75.00</u>	<u>dinner for 2</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Fresno State Alumni Association  
 ADDRESS (Business Address Acceptable)  
2625 Matolian Way, Fresno, CA 93740  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Higher Education Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 18 / 13</u>	<u>\$ 125.00</u>	<u>1 ticket to gala</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Northern CA Carpenters  
 ADDRESS (Business Address Acceptable)  
265 Hegenberger Rd #200, Oakland, CA 94621  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 13 / 13</u>	<u>\$ 100.00</u>	<u>2 tix to luncheon</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
State Building Trades  
 ADDRESS (Business Address Acceptable)  
1225 8th St # 375, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 22 / 13</u>	<u>\$ 154.00</u>	<u>2 tix to dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)  
Administrative Office of the Courts  
 ADDRESS (Business Address Acceptable)  
455 Golden Gate Ave, San Francisco, CA 94102  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Judicial Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 13</u>	<u>\$ 80.00</u>	<u>2 tix to reception</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Melanie Lundquist  
 ADDRESS (Business Address Acceptable)  
1541 Wilshire Blvd, Ste 200, Los Angeles, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Education business leader

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 13</u>	<u>\$ 50.00</u>	<u>dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Tarkan Maner  
 ADDRESS (Business Address Acceptable)  
3471 N 1st Street, San Jose 95134  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
businessman

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 28 / 13</u>	<u>\$ 390.00</u>	<u>3 tix to reception</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<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**

Name  
 Tom Torlakson

- 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)  
Stuart Foundation

ADDRESS (Business Address Acceptable)  
500 Washington Street, 8th Floor,

CITY AND STATE  
San Francisco, CA 94111

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

DATE(S): 01 / 20 / 13 - 01 / 22 / 13 AMT: \$ 3,161.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Travel paid for the Superintendent to participate in an education panel/workshop

▶ NAME OF SOURCE (Not an Acronym)  
CA County Superintendents Ed Services Association

ADDRESS (Business Address Acceptable)  
1121 L Street, Suite 510,

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education advocacy group

DATE(S): 01 / 30 / 13 - 01 / 30 / 13 AMT: \$ 30.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Breakfast while the Superintendent spoke to county superintendents

▶ NAME OF SOURCE (Not an Acronym)  
Association of California School Administrators

ADDRESS (Business Address Acceptable)  
1029 J Street, Suite 500,

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education advocacy group

DATE(S): 01 / 31 / 13 - 01 / 31 / 13 AMT: \$ 170.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Reception & photo ceremony with retirees: luncheon while speaking to superintendents

▶ NAME OF SOURCE (Not an Acronym)  
CA Association of Latino Superintendents and Admin.

ADDRESS (Business Address Acceptable)  
1029 J Street, Suite 500,

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education advocacy group

DATE(S): 02 / 01 / 13 - 02 / 01 / 13 AMT: \$ 80.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Breakfast while the Superintendent spoke to CALSA members

Comments: \_\_\_\_\_

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

Name  
Tom Torlakson

- 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)  
CA Assoc. of African Amer. Superintendents & Admin.

ADDRESS (Business Address Acceptable)  
12155 El Oro Way,

CITY AND STATE  
Granada Hills, CA 91344

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education advocacy group

DATE(S): 02 / 21 / 13 - 02 / 21 / 13 AMT: \$ 250.00  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Breakfast while the Superintendent spoke to CAASA members. 1 staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
Bayer Healthcare

ADDRESS (Business Address Acceptable)  
800 Dwight Way,

CITY AND STATE  
Berkeley, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Healthcare industry

DATE(S): 02 / 16 / 13 - 02 / 26 / 13 AMT: \$ 50.00  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Visit and presentation to Bayer Healthcare. 1 staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
Kenneth Behring

ADDRESS (Business Address Acceptable)  
3820 Blackhawk Road,

CITY AND STATE  
Danville, CA, 94506

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Builder/architect

DATE(S): 03 / 01 / 13 - 03 / 01 / 13 AMT: \$ 240.00  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Provided 3 tickets to the Principal Leadership Institute, at which the Superintendent spoke.

▶ NAME OF SOURCE (Not an Acronym)  
CA Assoc. of Park and Recreation Commissioners

ADDRESS (Business Address Acceptable)  
1840 Prairie City Rd, Suite 100,

CITY AND STATE  
Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Parks advocacy group

DATE(S): 03 / 07 / 13 - 03 / 07 / 13 AMT: \$ 150.00  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Awards dinner and speech to members. 1 staff attended.

Comments: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Tom Torlakson
--

- 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)  
 Californians Dedicated to Education Foundation

ADDRESS (Business Address Acceptable)  
 11501 Dublin Blvd Suite 200,

CITY AND STATE  
 Dublin, CA 94568

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

DATE(S): 03 / 21 / 13 - 03 / 22 / 13 AMT: \$ 329.00  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Dinner & retreat at which the Superintendent spoke. 1 Staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
 Oxnard Union High School District

ADDRESS (Business Address Acceptable)  
 309 S. K Street,

CITY AND STATE  
 Oxnard, CA 93030

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 School district

DATE(S): 04 / 18 / 13 - 04 / 18 / 13 AMT: \$ 160.00  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Luncheon while the Superintendent spoke to teachers & administrators. 3 staff attended.

▶ 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: \_\_\_\_\_

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

Name  
 Tom Toriakson

- 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 Interscholastic Federation

ADDRESS (Business Address Acceptable)  
 4658 Duckhorn Drive,

CITY AND STATE  
 Sacramento, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Education policy advocate

DATE(S): 05 / 03 / 13 - 05 / 03 / 13 AMT: \$ 50.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Reception & dinner while the Superintendent spoke. 1 staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
 Mount Diablo Education Association

ADDRESS (Business Address Acceptable)  
 2255 Contra Costa Blvd,

CITY AND STATE  
 Pleasant Hill, CA 9452

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Education policy advocate

DATE(S): 05 / 17 / 13 - 05 / 17 / 13 AMT: \$ 100.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Awards dinner and speech to teachers & administrators. 1 staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
 Child Development Policy Institute - Education

ADDRESS (Business Address Acceptable)  
 1107 9th Street, Suite 810,

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 05 / 20 / 13 - 05 / 20 / 13 AMT: \$ 98.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Food at reception while giving a speech. 1 staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
 Inland Empire Economic Partnership

ADDRESS (Business Address Acceptable)  
 1601 East 3rd Street, Suite 102,

CITY AND STATE  
 San Bernardino, CA 92408

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

DATE(S): 05 / 22 / 13 - 05 / 22 / 13 AMT: \$ 190.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Admission to a policy summit, including meals. 1 staff attended.

Comments: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Tom Torlakson
--

- 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)  
 Madera County Democratic Central Committee

ADDRESS (Business Address Acceptable)  
 28481 Copper Creek Drive,

CITY AND STATE  
 Coarsegold, CA 93614

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

DATE(S): 06 / 02 / 13 - 06 / 02 / 13 AMT: \$ 80.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Lunch fundraiser at which the Superintendent spoke.  
His wife and 2 staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
 California Interscholastic Federation

ADDRESS (Business Address Acceptable)  
 4658 Duckhorn Drive,

CITY AND STATE  
 Sacramento, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Education policy advocate

DATE(S): 06 / 06 / 13 - 06 / 06 / 13 AMT: \$ 120.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

luncheon while the Superintendent spoke. 2 staff  
attended.

▶ NAME OF SOURCE (Not an Acronym)  
 The San Francisco Marathon

ADDRESS (Business Address Acceptable)  
 PO Box 77148,

CITY AND STATE  
 San Francisco, CA 94107

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Athletic event

DATE(S): 06 / 14 / 13 - 06 / 14 / 13 AMT: \$ 770.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Dinner, lodging, run registration and gift basket for the  
Superintendent and his wife.

▶ NAME OF SOURCE (Not an Acronym)  
 California Alliance Group

ADDRESS (Business Address Acceptable)  
 770 L Street, Suite 950,

CITY AND STATE  
 Sacramento, California 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Advocacy group

DATE(S): 06 / 21 / 13 - 06 / 21 / 13 AMT: \$ 100.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Spoke at a county education forum and luncheon. 1  
staff attended.

Comments: \_\_\_\_\_

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

Name

Tom Tortakson

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- 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)  
CA Association of Latino Superintendents and Admin.  
 ADDRESS (Business Address Acceptable)  
1029 J Street, Suite 500,  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education advocacy group  
 DATE(S): 07 / 17 / 13 - 07 / 17 / 13 AMT: \$ 96.00  
(if gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Spoke at the CALSA Summer Institute. 1 staff  
included.

▶ NAME OF SOURCE (Not an Acronym)  
California Alliance Group  
 ADDRESS (Business Address Acceptable)  
770 L Street, Suite 950, Sacramento, California 95814  
 CITY AND STATE  
Sacramento, California 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Advocacy group  
 DATE(S): 07 / 17 / 13 - 07 / 17 / 13 AMT: \$ 120.00  
(if gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
The Superintendent spoke at a reception hosted by  
the California Alliance Group.

▶ NAME OF SOURCE (Not an Acronym)  
Mendocino County Office of Education  
 ADDRESS (Business Address Acceptable)  
2240 Old River Rd,  
 CITY AND STATE  
Ukiah, CA 95482  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education office  
 DATE(S): 07 / 28 / 13 - 07 / 29 / 13 AMT: \$ 832.14  
(if gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Keynote speech at the PAC 6 BBQ: amount includes  
lodging, meals, & reception for SSPI & wife

▶ NAME OF SOURCE (Not an Acronym)  
Council of Chief State School Officers  
 ADDRESS (Business Address Acceptable)  
One Massachusetts Avenue, NW · Suite 700  
 CITY AND STATE  
Washington, DC 20001-1431  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education organization  
 DATE(S): 08 / 18 / 13 - 08 / 20 / 13 AMT: \$ 1,850.27  
(if gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Keynote speech at the CCSSO exchange: amount  
includes lodging & meals for SSPI & staff

Comments: \_\_\_\_\_

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

Name  
 Tom Torlakson

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▶ NAME OF SOURCE (Not an Acronym)  
Steve Bradford

ADDRESS (Business Address Acceptable)  
One West Manchester Boulevard, Suite 601,

CITY AND STATE  
Inglewood, CA 90301

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

DATE(S): 08 / 25 / 13 - 08 / 25 / 13 AMT: \$ 150.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Tickets for the Superintendent, his wife, & 1 staff to the  
Gardena Jazz Festival

▶ NAME OF SOURCE (Not an Acronym)  
CA Assoc. of African Amer. Superintendents & Admin.

ADDRESS (Business Address Acceptable)  
12155 El Oro Way,

CITY AND STATE  
Granada Hills, CA 91344

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education advocacy group

DATE(S): 09 / 04 / 13 - 09 / 04 / 13 AMT: \$ 80.65  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Dinner while the Superintendent spoke to CAASA  
members.

▶ NAME OF SOURCE (Not an Acronym)  
California Department of Justice

ADDRESS (Business Address Acceptable)  
P.O. Box 944255,

CITY AND STATE  
Sacramento, CA 94244-2550

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
California State Agency

DATE(S): 09 / 30 / 13 - 09 / 30 / 13 AMT: \$ 90.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Speech at the Chronic Absenteeism Symposium. 1  
staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
Lake County Democratic Party

ADDRESS (Business Address Acceptable)  
P.O. Box 1151

CITY AND STATE  
Lakeport, CA. 95453

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

DATE(S): 10 / 06 / 13 - 10 / 06 / 13 AMT: \$ 60.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Lunch fundraiser at which the Superintendent spoke. 1  
staff attended.

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Tom Toriakson

- 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)  
CA County Superintendents Ed Services Association

ADDRESS (Business Address Acceptable)  
1121 L Street, Suite 510,

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education advocacy group

DATE(S): 10 / 21 / 13 - 10 / 22 / 13 AMT: \$ 172.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Lodging & breakfast for CCSESA conference & speech. 1 staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
Linked Learning Alliance

ADDRESS (Business Address Acceptable)  
1107 9th Street, Suite 500,

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Education policy advocate

DATE(S): 10 / 24 / 13 - 10 / 24 / 13 AMT: \$ 59.06  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Breakfast & lunch while speaking to superintendents. 1 staff attended.

▶ NAME OF SOURCE (Not an Acronym)  
Silicon Valley Education Foundation

ADDRESS (Business Address Acceptable)  
1400 Parkmoor Ave #200,

CITY AND STATE  
San Jose, CA 95126

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

DATE(S): 11 / 06 / 13 - 11 / 06 / 13 AMT: \$ 100.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Spoke at "Pioneers & Purpose" Dinner. His wife & 1 staff attended.

▶ 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: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

2014 MAR 13 PM 2:00

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

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

- You must mark either the gift or income box.
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▶ NAME OF SOURCE (Not an Acronym)  
Administrative Office of the Courts  
ADDRESS (Business Address Acceptable)  
455 Golden Gate Ave,  
CITY AND STATE  
San Francisco, CA 94102  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Judicial Agency  
DATE(S): 12 / 03 / 13 - 12 / 04 / 13 AMT: \$ 208.99  
(If gift)  
TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
2 tix to reception + conference hotel accommodation.  
This amendment reflects the addition of the latter.

▶ 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

**Filer's Verification**  
Print Name Tom Torlakson  
Office, Agency or Court California Department of Education  
Statement Type  2013/2014 Annual  Assuming  Leaving  
 2013 Annual  Candidate  
(yr)  
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 03/11/2014  
Filer's Signat (d)(5)

Comments: Original submission reflected only the reception. This amendment form adds the hotel accommodations,  
provided by the same source, for a conference at which the Superintendent spoke.