

RECEIVED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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MAR 3 2014

BY: BJH

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Allen Travis Ethan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly
Division, Board, Department, District, if applicable
Your Position
Assemblyman

► 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.
- 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: 5

- 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 3-3-14 Signature _____
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Travis Allen

▶ 1. BUSINESS ENTITY OR TRUST

Wealth Strategies Group
Name

1701 BEACH BLVD, STE 160 HUNTINGTON BEACH, CA 92649
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / / 13 / / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship S-Corp Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

Securities America

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

1701 BEACH BLVD, STE 160 HUNTINGTON BEACH, CA 92649
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / / 13 / / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold 5 Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / / 13 / / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / / 13 / / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income – Gifts

Name

Travis Allen

▶ NAME OF SOURCE (Not an Acronym)

Allergan, Inc.

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 13	\$ 89.32	Tour
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

California State Protocol Foundation

ADDRESS (Business Address Acceptable)

11355 West Olympic Boulevard, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501(c)(3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 06 / 13	\$ 80.50	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

California Chamber of Commerce

ADDRESS (Business Address Acceptable)

1215 K St, Suite 1400, Sac, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 13	\$ 25.00	Dinner
06 / 03 / 13	\$ 12.53	Food and Beverage
05 / 21 / 13	\$ 10.02	Food and Beverage

▶ NAME OF SOURCE (Not an Acronym)

California Citrus Mutual

ADDRESS (Business Address Acceptable)

512 North Kaweah Ave, Exeter, 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 13	\$ 58.58	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

California Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J Street, Suite 410, Sac, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 11 / 13	\$ 54.68	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202, SF, 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501(c)(3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 13	\$ 384.68	Room and Board
03 / 21 / 13	\$ 9,237.02	Study Travel-Poland
09 / 19 / 13	\$ 401.21	Dinner

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Travis Allen

▶ NAME OF SOURCE (Not an Acronym)
 CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)
 Pier 35, Suite 202, SF, 94133

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 13	\$ 9,735.48	Study Travel-Norway
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Connie Conway for Senate 2018

ADDRESS (Business Address Acceptable)
 504 Van Ness, Fresno, 93721

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 29 / 13	\$ 60.00	Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Farmers Group, Inc.

ADDRESS (Business Address Acceptable)
 1201 K Street, Suite 950, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 13	\$ 63.95	Reception
10 / 29 / 13	\$ 125.14	Food and Beverage
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 LIBERTY Dental Plan (LDP)

ADDRESS (Business Address Acceptable)
 340 Commerce, Suite 100, Irvine, 92602

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 13	\$ 68.85	Food and Beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Phillips 66

ADDRESS (Business Address Acceptable)
 1201 K St, Suite 1930, Sac, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 13	\$ 125.35	Dinner
04 / 29 / 13	\$ 135.42	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 The AES Corporation

ADDRESS (Business Address Acceptable)
 690 North Studebaker Road; Long Beach, CA; 90803

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 27 / 13	\$ 291.31	Event Food
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Travis Allen

▶ NAME OF SOURCE (Not an Acronym)
 The Walt Disney Company

ADDRESS (Business Address Acceptable)
 500 South Buena Vista St, Burbank, 91521-1451

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 05 / 13	\$ 411.00	Ticket(s)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Western States Petroleum Association

ADDRESS (Business Address Acceptable)
 2350 Kerner Blvd, Suite 250, San Rafael, 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 13	\$ 330.54	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Zuffa, LLC

ADDRESS (Business Address Acceptable)
 PO 26959, Las Vegas, 89126-0959

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 13	\$ 19.00	Lunch
02 / 23 / 13	\$ 424.00	Tickets
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 John Wayne Airport

ADDRESS (Business Address Acceptable)
 3160 Airway Avenue, Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 13	\$ 400.00	Parking
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Chamber of Commerce

ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 13	\$ 166.01	food, beverage
10 / 17 / 13	\$ 108.20	food, beverage
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Theory R Properties LLC

ADDRESS (Business Address Acceptable)
 1 Hammond Road, Ladera Ranch, CA 92694

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 21 / 13	\$ 300.00	Transportation
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: Reimbursement of \$4.00 was paid on 3/20/13 to Zuffa, LLC.; Spoke at both the California Chamber events on 10/16 and 10/17. The Theory R Properties LLC was used as transportation to a speaking event.