

STATEMENT OF ECONOMIC INTERESTS

Date Received FEB 27 2014

COVER PAGE

BY: BAJ

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ammiano Tom (TM)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

District 17

Your Position

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

Agency: _____

Position: _____

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 FEB 27 PM 3:04

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: _____

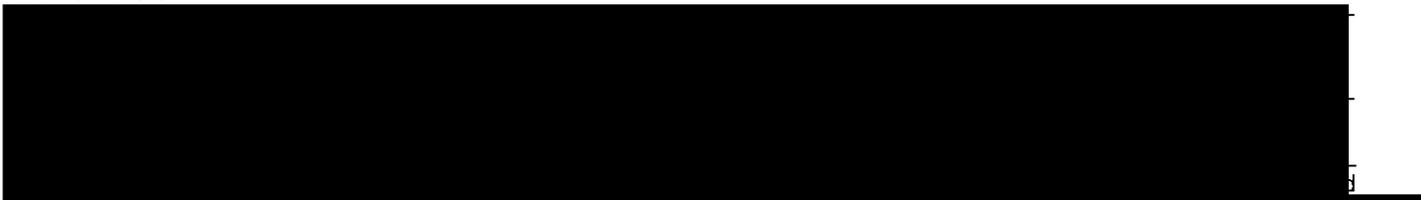
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- 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



herein and in any attached schedules is true and complete. I acknowledge I certify under penalty of perjury under the laws of the State of California

Date Signed Feb 27 2014
(month, day, year)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 San Francisco War Memorial

ADDRESS (Business Address Acceptable)
 301 Van Ness Avenue, San Francisco, CA 94012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 13	\$ 330.00	2 ballet tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
 777 S. Figueroa Street, #4050, LA, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Speaker of the CA State Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 74.75	personalized jacket
08 / 06 / 13	\$ 44.60	bottle of wine
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Democratic Party

ADDRESS (Business Address Acceptable)
 1401 21st Street, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 123.94	food and beverage
12 / 05 / 13	\$ 95.19	food and beverage
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CA Labor Fed / CA Building Trades Council

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 13	\$ 60.00	food and beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Judges Association

ADDRESS (Business Address Acceptable)
 925 L Street, #1250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 29 / 13	\$ 53.14	food and beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 San Francisco Bulls Professional Hockey

ADDRESS (Business Address Acceptable)
 2600 Geneva Avenue, Daly City, CA 94014

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 26 / 13	\$ 100.00	event ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

Name
 T. Ammiano

- 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)
 SEIU Healthcare 775NW

ADDRESS (Business Address Acceptable)
 215 Columbia Street

CITY AND STATE
 Seattle, WA 98104

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

DATE(S): 10 / 28 / 13 - 10 / 29 / 13 AMT: \$ 516.28
 (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 _____

▶ 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: _____