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CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 MAR -3 PM 3:55

TM

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ATKINS	TONI	G.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Assembly

Division, Board, Department, District, if applicable: 78th District

Your Position: Assembly member

► 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)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **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 ___/___/_____
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- [ ] **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.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 13

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [ ] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE

Date Signed 3/3/14 *(month, day, year)*

Signature

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ATKINS	TONI	G.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Ocean Protection Council

Division, Board, Department, District, if applicable

Your Position
Member

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

Agency: California Cultural and Historical Endowment Position: Member

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:*** _____

- ☐ **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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

(d)(5)

Date Signed _____
(month, day, year)

(d)(5)
(File the originally signed statement with your filing official.)

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
ATKINS, Toni

1. BUSINESS ENTITY OR TRUST

LeSar Development Consultants
Name

2410 First Ave., San Diego, CA 92101
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
CONSULTING FIRM

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED
___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ Spouse sole stockhldr (Other)

YOUR BUSINESS POSITION None/spouse is Pres/CEO

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

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

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

☐ None

SEPARATE SHEET ATTACHED

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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED
___/___/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ____ Yrs. remaining ☐ Other ____

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

---

1. BUSINESS ENTITY OR TRUST

Estolano LeSar Perez Advisors LLC
Name

2410 First Ave., San Diego, CA 92101
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
CONSULTING FIRM

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED
___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☑ LLC (Other)

YOUR BUSINESS POSITION None/spouse's business

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

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

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

☐ None

SEPARATE SHEET ATTACHED

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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED
___/___/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ____ Yrs. remaining ☐ Other ____

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

---

Comments:

A-2 Attachment
LeSar Development Consultants

Napa County	$	39,035
Los Angeles County Community Development Commission	$	12,900
San Bernardino County	$	34,333
United Way	$	213,750
San Diego Housing Commissin	$	308,217
Downtown San Deigo Patnership	$	23,046
SDG&E	$	34,700
El Cajon Housing Authority	$	10,655
San Diego Consolidated Plan	$	30,770
Jacobs Center	$	30,000
Estolano LeSar Perez Advisors	$	120,358

A-2 Attachment
Estolano LeSar Perez Advisors

Metropolitain Water District	$	120,000
Goldhirsh Foundation	$	19,850
Southern California Association of Governments	$	76,772
Los Angeles River Restoration Corporation	$	15,000
Los Angeles County	$	334,362
City of Pasadena	$	21,003
Green For All	$	12,635
Communities for a Better Environment	$	16,405
UC Berkeley	$	35,864
South County Economic Development Council	$	65,273
Red Cross	$	47,000
California Center for Sustainable Energy	$	29,369
LDC Subconsulting Income	$	33,384

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1936 & 1940 Dale Street

CITY
San Diego, CA 92102

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 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
1936 Sabrina DiMinico, Beverly Prange; 1940 Mark Poole [Spouse owns]

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2954 Date Street

CITY
San Diego, CA 92102

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 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
ATKINS, Toni

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Consulate of Azerbaijan, Los Angeles
ADDRESS *(Business Address Acceptable)*
11766 Wilshire Blvd., Ste 1410, Los Angeles, 90025
BUSINESS ACTIVITY, IF ANY, OF SOURCE
diplomatic affairs for the country of Azerbaijan

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 13	$ 200.00	Small decorative rug
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
CA State Protocol Foundation
ADDRESS *(Business Address Acceptable)*
11355 W. Olympic Blvd, Los Angeles, 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Org to fund official state/ internat'l protocol events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 13	$ 68.53	Gov dnr w/legislatrs
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
American Israel Public Affairs Committee
ADDRESS *(Business Address Acceptable)*
8895 Towne Centre Dr., Ste 105-149, SD 92122
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pro-Israel lobbying committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 13	$ 170.00	2 tix to awards dnr
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
CA Grape & Tree Fruit League
ADDRESS *(Business Address Acceptable)*
978 W. Alluvial, Ste 107, Fresno, CA 93711-5700
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ag trade assoc representing fresh fruit industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 13	$ 78.88	Dinner/Spataro
08 / 14 / 13	$ 15.00	lunch pail w/fruit
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Consumer Attorneys of San Diego
ADDRESS *(Business Address Acceptable)*
2535 Camino Del Rio, San Diego, CA 92108
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional association for consumer attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 13	$ 135.00	ticket to awards dnr
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st St., #200, Sacramento 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	$ 123.94	2 meals/Policy conf.
12 / 05 / 13	$ 95.19	Dnr/Dem Caucus
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Western Agricultural Processors Association
ADDRESS *(Business Address Acceptable)*
1785 N Fine Ave., Fresno, CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade org representing tree nut processing industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 13	$ 249.53	Dinner @the Kitchen
02 / 27 / 13	$ 5.28	reusable bag
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Kaiser Permanente Foundation Health Plan
ADDRESS *(Business Address Acceptable)*
1215 K St., Ste 2030, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health plan

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 13	$ 10.00	Parking @symposium
04 / 12 / 13	$ 58.51	Dinner @symposium
/ /	$	She keynoted dinner

► NAME OF SOURCE *(Not an Acronym)*
California Rice Commission
ADDRESS *(Business Address Acceptable)*
1231 I St., Ste 205, Sacramento, CA 95814-2933
BUSINESS ACTIVITY, IF ANY, OF SOURCE
State commission overseeing the CA rice industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 13	$ 1.55	Rice chips @Ag Dnr
06 / 19 / 13	$ 47.45	Annual Reception
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Cotton Growers Association
ADDRESS *(Business Address Acceptable)*
1785 N. Fine Ave., Fresno, CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association for cotton industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 16 / 13	$ 151.99	Dinner/Lucca's
04 / 16 / 13	$ 45.00	Cotton towels
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Wells Fargo Bank
ADDRESS *(Business Address Acceptable)*
45 Freemont St., 16th Floor, San Francisco 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bank

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 13	$ 119.33	Dinner @Blackbird
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Del Mar Thoroughbred Club
ADDRESS *(Business Address Acceptable)*
PO Box 700,Del Mar, CA 92014-0700
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Horse racing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 17 / 13	$ 440.00	Opening Day admission
/ /	$	to turf club/director's rm
/ /	$	and food

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 So. Figueroa St., Ste. 4050, LA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign account for CA Assembly Speaker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 13	$ 65.45	Lunch /Esquire Grill
02 / 12 / 13	$ 66.85	Dinner/Broiler
02 / 26 / 13	$ 74.75	Personalized jacket

► NAME OF SOURCE *(Not an Acronym)*
David Watson, Duane Morris LLP
ADDRESS *(Business Address Acceptable)*
750 B St., Ste. 2900, San Diego 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
real estate attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 15 / 13	$ 380.00	2 tix to Ritz 30th Anniv
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 13	$ 15.89	Breakfast/Grange
05 / 15 / 13	$ 41.51	Dinner/Broiler
06 / 13 / 13	$ 11.21	Dinner/Broiler

► NAME OF SOURCE *(Not an Acronym)*
Robin Muck
ADDRESS *(Business Address Acceptable)*
8890 Cal Center Drive, Sacramento 95826
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / 13	$ 440.00	2 tix to Fur Ball; FR
/ /	$	for SD Human Society
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 13	$ 136.16	Dinner/Morton's
07 / 01 / 13	$ 37.16	Dinner/Red Rabbit
08 / 06 / 13	$ 44.60	Wine

► NAME OF SOURCE *(Not an Acronym)*
Women in California Leadership
ADDRESS *(Business Address Acceptable)*
400 Capitol Mall, 22nd Floor, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 13	$ 70.52	Lunch
/ /	$	
/ /	$	

Comments: $100 reimbursed to John A. Perez for overage of $440 gift limit.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Re-Elect Bill Gore for Sheriff 2014
ADDRESS *(Business Address Acceptable)*
330 Ecninitas Blvd., Ste. 201, Encinitas 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candidate for sheriff

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 03 / 13	$ 146.75	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Rocky Chavez
ADDRESS *(Business Address Acceptable)*
State Capitol, Room 2170, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Assembly member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 13	$ 175.00	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Planned Parenthood Advocacy Project Los Angeles
ADDRESS *(Business Address Acceptable)*
400 West 30th Street, Los Angeles, CA 90003
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's health advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 28 / 13	$ 53.64	Awards reception
/ /	$	
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Fred Maas,Pacific EcoCompanies LLC
ADDRESS *(Business Address Acceptable)*
PO Box 8588, Rancho Santa Fe, CA 92067
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Green development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 25 / 13	$ 147.29	Dinner at Mastros
11 / 25 / 13	$ 35.80	Drinks/Grand Havana
/ /	$	

▶ 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
LangeTwins Winery
ADDRESS *(Business Address Acceptable)*
1298 West Jahant Rd, Acampo, CA 95220
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/08/13	$ 48.00	2 bottles of wine
08/08/13	$ 10.00	Lunch
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Alaska Airlines
ADDRESS *(Business Address Acceptable)*
19300 International Blvd., Seattle, WA 98188
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Airline

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/17/13	$ 190.00	2 dinners @company
/ /	$	presentation
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Hillcrest Business Association
ADDRESS *(Business Address Acceptable)*
3737 5th Ave., #202, San Diego, CA 92103
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/11/13	$ 235.00	Booth at City Fest
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
San Diego Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
402 W. Broadway, Ste. 1000, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/08/13	$ 54.00	2 tix to VIP reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Adams Business Association
ADDRESS *(Business Address Acceptable)*
4649 Hawley Blvd., San Diego, CA 92116
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/28/13	$ 275.00	Booth at Adams Ave
/ /	$	Street Fair
/ /	$	

▶ 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

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)*
Emory and Henry College

ADDRESS *(Business Address Acceptable)*
30461 Gamand Dr.

CITY AND STATE
Emory, VA 24327

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

DATE(S): 05 / 02 / 13 - 05 / 04 / 13 *(If gift)* AMT: $ 1,588.20

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Commencement speaker at alma mater

▶ NAME OF SOURCE *(Not an Acronym)*
State Legislative Leaders Foundation (SLLF)

ADDRESS *(Business Address Acceptable)*
1645 Falmouth Rd., Bldg D

CITY AND STATE
Centerville, MA 02632

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Educational nonprofit for state legislative leaders

DATE(S): 05 / 09 / 13 - 05 / 11 / 13 *(If gift)* AMT: $ 1,017.36

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Board member, attended & participated at inaugural conference of State Majority Leaders in Atlanta, GA

▶ NAME OF SOURCE *(Not an Acronym)*
San Diego County Airport Authority

ADDRESS *(Business Address Acceptable)*
PO Box 82776

CITY AND STATE
San Diego, CA 92138-2776

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

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 *(If gift)* AMT: $ 3,308.00

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
San Diego airport parking for travel to/from San Diego on legislative business

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▶ NAME OF SOURCE *(Not an Acronym)*
State Legislative Leaders Foundation (SLLF)

ADDRESS *(Business Address Acceptable)*
1645 Falmouth Rd, Bldg D

CITY AND STATE
Centerville, MA 02632

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

DATE(S): 02 / 15 / 13 - 02 / 19 / 13 *(If gift)* AMT: $ 239.05

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Reception/meals/tour at National Speaker's Conference in San Diego

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Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
ATKINS, Toni

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)*
California Association of Winegrape Growers

ADDRESS *(Business Address Acceptable)*
1325 J St., Ste. 1560

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Trade association for wine grape growers

DATE(S): 08/08/13 - 08/08/13 *(If gift)* AMT: $ 66.56

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Transportation for the Assembly Committee on Agriculture Wine Tour

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▶ NAME OF SOURCE *(Not an Acronym)*
California Issues Forum

ADDRESS *(Business Address Acceptable)*
1717 I Street

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)(4) non-profit

DATE(S): 12/09/13 - 12/11/13 *(If gift)* AMT: $ 290.00

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

☑ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Participated on a panel at the New Democrats Policy Retreat

▶ 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: