CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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MAR 13 2014
BY:

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FAIR POLITICAL
PRACTICES COMMISSION
2014 MAR 18 PM 2:22

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Brown | Cheryl | Renee

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable

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 ___/___/_____
- [ ] **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:*** 2

- [ ] **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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

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

I certify under penalty of perjury under the laws of the State of California tha

Date Signed 03/13/2014 (month, day, year)

Signatu

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

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
California Legislative Women's Caucus
ADDRESS *(Business Address Acceptable)*
400 Capitol Mall 22nd Fl
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women In CA Leadership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 13 / 13	$ 71	Catering Event
/ /	$	
/ /	$	

▶ 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)*
Cardenas
ADDRESS *(Business Address Acceptable)*
250 West Foothill Blvd., Rialto, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Grocery Store

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 25 / 13	$ 300	Turkeys for
/ /	$	Community giveaway
/ /	$	

▶ 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)*
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)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Assembly Member Cheryl Brown

Office, Agency or Court

Statement Type ☒ 2013/2014 Annual ☐ Assuming ☐ Leaving
☐ ____ (yr) Annual ☐ Candidate

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 03/13/2014

Filer's Signatu (d)(5)

Comments:

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Date Received FEB 25 2014

BY: [illegible]

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

TM

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Brown	Cheryl	Renee

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable

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:*** 6

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [x] **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
(d)(5)				

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/25/14 *(month, day, year)*

Signature (d)(5)

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: Cheryl R. Brown

▶ 1. BUSINESS ENTITY OR TRUST

Name: Brown Publishing LLC

Address (Business Address Acceptable): 4144 Tenth Street, Riverside 92501

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

GENERAL DESCRIPTION OF THIS BUSINESS

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:
ACQUIRED __/__/13 DISPOSED __/__/13

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ LLC (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
- ☐ $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

General Motors, Toyota, Macy's, Union Bank, California Lottery, Southern California Edison, Dakota ~~Communications Campaign~~

▶ 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: Brown Publishing LLC

Description of Business Activity or City or Other Precise Location of Real Property: 1590 North Waterman Ave., San Bernardino 92404

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

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

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

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
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

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
- ☐ $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

▶ 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:
ACQUIRED __/__/13 DISPOSED __/__/13

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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cheryl R. Brown

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1494 California Street

CITY
San Bernardino 92404

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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1590 N. Waterman Avenue

CITY
San Bernardino 92404

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: Cheryl R. Brown

SCHEDULE D
Income – Gifts

NAME OF SOURCE *(Not an Acronym)*: Parsons Corporation
ADDRESS *(Business Address Acceptable)*: 100 W. Walnut Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Engineering & Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/13	$ 180.00	Rose Bowl - 2 tickets
01/01/13	$ 30.00	" - Parking Pass
01/01/13	$ 47.00	" - Brunch

NAME OF SOURCE *(Not an Acronym)*: CA State Protocol Foundation
ADDRESS *(Business Address Acceptable)*: 11355 West Olympic Blvd., L.A. 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/30/13	$ 70.75	Dinner with
/ /	$	Governor Brown
/ /	$	

NAME OF SOURCE *(Not an Acronym)*: CA Issues Forum
ADDRESS *(Business Address Acceptable)*: 1717 I Street, Sac., 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non-Profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/17/13	$ 12.20	Boxed Lunch
08/20/13	$ 85.00	Dinner
/ /	$	

NAME OF SOURCE *(Not an Acronym)*: Southern CA Edison
ADDRESS *(Business Address Acceptable)*: 2244 Walnut Grove Ave., Rosemead 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/01/13	$ 57.06	Meal, Beverage &
/ /	$	Gift Bag
/ /	$	

NAME OF SOURCE *(Not an Acronym)*: John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*: 777 South Figuero Street, Ste., 4050, L.A. 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/09/13	$ 16.80	Food & Beverage
02/26/13	$ 74.75	Personalized Jacket
/ /	$	

NAME OF SOURCE *(Not an Acronym)*: CA Democratic Party
ADDRESS *(Business Address Acceptable)*: 1401 21st Street, #200, Sac 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/26/13	$ 123.94	Dinner
12/05/13	$ 95.19	Meeting/Meal
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Cheryl R. Brown

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Fox Group
ADDRESS *(Business Address Acceptable)*
2121 Avenue of the Stars, L.A. 90067
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 25 / 13	$ 67.05	Movie
/ /	$	
/ /	$	

► 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)*
Western States Petroleum Assoc.
ADDRESS *(Business Address Acceptable)*
2350 Kerner Blvd., Ste. 250, San Rafael 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oil

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 13	$ 330.54	Dinner
/ /	$	
/ /	$	

► 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)*
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)*
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
Cheryl R. Brown

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

- **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)*
CalChamber
ADDRESS *(Business Address Acceptable)*
1215 K Street, 1400
CITY AND STATE
Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Non-Profit
DATE(S): 10/16/13 - 10/18/13 *(If gift)* AMT: $ 473.30
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
Consulate General of the Republic of Armenia
ADDRESS *(Business Address Acceptable)*
346 N. Central Avenue
CITY AND STATE
Glendale CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Foreign Government
DATE(S): 09/15/13 - 19/24/13 *(If gift)* AMT: $ 9,241.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Legislative Delegation to Armenia, 6 bottles of Armenia Brandy and woman watch

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▶ NAME OF SOURCE *(Not an Acronym)*
CA Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Non-Profit 501(c)(4)
DATE(S): 12/09/13 - 12/11/13 *(If gift)* AMT: $ 820.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
Nagorno Karabakh Republic in the U.S.
ADDRESS *(Business Address Acceptable)*
1334 G Street, NW, Ste. 200
CITY AND STATE
Washington D.C.
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Foreign Government
DATE(S): 09/23/13 - 09/23/13 *(If gift)* AMT: $ 221.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Hotel and Meals

Comments: