

FEB 26 2014

Please type or print in ink.

NAME OF FILER

(LAST)

2014 FEB 26 PM 2:36

(FIRST)



BY: Olga

(MIDDLE)

Campos

Nora

E

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

27th Assembly District

Your Position

Assemblymember

► 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 ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2013.

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: 6

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

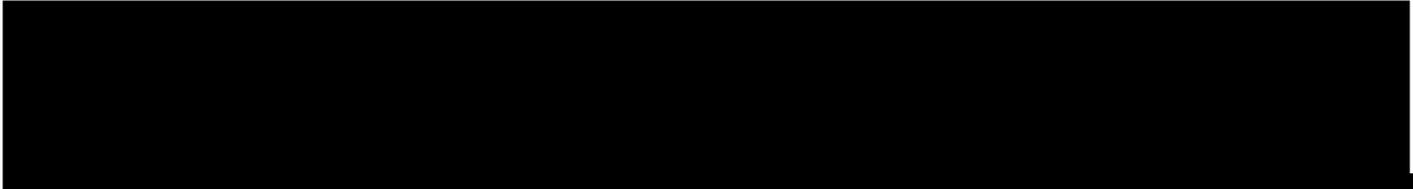
Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



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

Date Signed 2/26/2014
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Nora Campos

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3995 Holly Drive

CITY
San Jose, CA 95127

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 13
 \$10,001 - \$100,000 _____ / ____ / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 13
 \$10,001 - \$100,000 _____ / ____ / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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 TERM (Months/Years)
 _____% None _____

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 TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Nora Campos
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▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>SantaClara/SanBenito Cty Bldg & Cons Trd Council</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>2102 Almaden Rd., Suite 101 San Jose, CA 95125</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Labor Organization</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION _____	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____
	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

Comments: _____

Schedule D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Nora Campos

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
CA Democratic Party	1401 21st Street Sac, CA	95811	Democratic Caucus	02/26/13	\$ 123.94	Dinner
Ca Latino Caucus Leadership PAC	400 Capitol Mall 22nd floor Sac, Ca	95814	Campaign Committee	01/24/13	\$ 131.76	Personalized box
Ca Latino Caucus Leadership PAC	400 Capitol Mall 22nd floor Sac, Ca	95814	Campaign Committee	02/28/13	\$ 86.74	Portfolio
Ca Latino Caucus Leadership PAC	400 Capitol Mall 22nd floor Sac, Ca	95814	Campaign Committee	05/02/13	\$ 21.00	Scarf
Ca Latino Caucus Leadership PAC	400 Capitol Mall 22nd floor Sac, Ca	95814	Campaign Committee	02/13/13	\$ 21.32	Food /Beverage
California Business Property Owners Association	1121 L Street Suite 809 Sacramento, CA	95814	Trade Association	06/11/13	\$ 77.20	Plaque
California Forward	1107 9th Street, Suite 650 Sacramento, CA	95814	Policy Development	11/08/13	\$ 57.18	Lunch/Speaker at event
California State Council of Laborers	1121 L Street., Suite 502 Sacramento, CA	95814	Labor Union	08/13/13	\$ 50.00	Dinner
California State Protocol Foundation	11355 West Olympic Blvd. Los Angeles, CA	90064	Protocol	01/30/13	\$ 70.75	Dinner
Cement Masons Local 400	2102 Almaden Rd. Suite 118 San Jose, CA	95125	Labor Union	12/13/13	\$ 50.00	Lunch
Global Real Estate	100 Universal City Plaza, 1280/8 Universal City, CA	91608	Real Estate	09/17/13	\$ 65.00	Lunch
International Union of Painters and Allied Trades	7234 Parkway Drive Hanover, MD	21076	Labor Union	09/08/13	\$ 50.00	Dinner
John A Perez for Assembly 2012	777 Figuora Street, Suite 4050 Los Angeles	90017	Campaign Committee	02/12/13	\$ 66.85	Dinner
John A Perez for Assembly 2012	777 Figuora Street, Suite 4050 Los Angeles, CA	90017	Campaign Committee	06/14/13	\$ 136.16	Dinner
John A Perez for Assembly 2012	777 Figuora Street, Suite 4050 Los Angeles	90017	Campaign Committee	08/06/13	\$ 75.00	Food /Beverage
John A Perez for Assembly 2012	777 Figuora Street, Suite 4050 Los Angeles	90017	Campaign Committee	08/26/13	\$ 50.00	Dinner
John A. Pérez for Assembly 2012	777 Figuora Street, Suite 4050 Los Angeles, CA	90017	Campaign Committee	02/26/13	\$ 63.47	Jacket
National Association of the Advancement of Colored People (NAACP)	1215 K Street #1609 Sacramento, CA	95814	Policy development	02/04/13	\$ 150.00	Dinner
Pacific Policy Research Foundation	101 ParkShore Drive Suite 100 Folsom, Ca	95630	Policy Development	03/14/13	\$ 52.60	Lunch
Santa Ynez Band of Chumash Indians Foundation	100 Via Juana Lane Santa Ynez, CA	93460	Indian Tribe	01/03/13	\$ 49.95	Book and Frame
Santa Ynez Band of Chumash Indians Foundation	100 Via Juana Lane Santa Ynez, CA	93460	Indian Tribe	12/30/13	\$ 112.00	Bottle of wine, wooden box, wine glass, book, and DVD movie

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

Name
 Nora Campos

- 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 Latino School Board Association

ADDRESS (Business Address Acceptable)
 PO Box 7624

CITY AND STATE
 Moreno Valley, CA 92553

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

DATE(S): 10 / 04 / 13 - 10 / 06 / 13 AMT: \$ 390.00
 (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)
 San Jose International Airport

ADDRESS (Business Address Acceptable)
 1701 Airport Blvd, Suite B-1130

CITY AND STATE
 San Jose, CA 95110-1206

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

DATE(S): 10 / 21 / 13 - 12 / 31 / 13 AMT: \$ 180.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Airport parking permit

▶ 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: _____

RECEIVED

FEB 27 2014

BY: BJA



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.
- 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 Latino School Board Association

ADDRESS (Business Address Acceptable)
PO Box 7624

CITY AND STATE
Moreno Valley, CA 92553

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

DATE(S): 10 / 04 / 13 - 10 / 06 / 13 AMT: \$ 390.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Lodging

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

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

▶ 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 Nora Campos

Office, Agency or Court California State Assembly District 27

Statement Type 2013/2014 Annual Assuming Leaving
 _____ 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 02/27/2014

Filer's Signature

Comments: The Form 700 E filed on 2/26/14 did not include the description of the travel payment.