

RECEIVED
APR 10 2014

BY: [Signature]

Please type or print in ink.

NAME OF FILER (LAST) Chavez (FIRST) Rocky (MIDDLE) John

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly
Division, Board, Department, District, if applicable
76th 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
- 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 _____
- 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: 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
- Schedule D - Income - Gifts** - schedule attached
- Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

None - No reportable interests on any schedule

(c)(1)

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

Date Signed 04/09/2014
(month, day, year)

(c)(1)
Signature _____

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)
San Diego County Regional Airport Authority
 ADDRESS (Business Address Acceptable)
PO BOX 82776
 CITY AND STATE
San Diego, CA 92138
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 01 / 10 / 13 - 12 / 18 / 13 AMT: \$ 4,070.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Airport parking for travel to/from Floor Session in Sacramento.

▶ 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

Filer's Verification

Print Name Rocky J. Chavez
 Office, Agency or Court CA State Assembly

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 04/09/2014
 (c)(1)

Filer's Signature _____

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

7/4

Please type or print in ink.

NAME OF FILER (LAST) Chávez (FIRST) Rocky (MIDDLE) John
2014 MAR 3 AM 8:53

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Assembly

Division, Board, Department, District, if applicable

76th District

Your Position

Assemblymember

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

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- 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 _____
- 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: _____

- 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. (c)(1)

Date Signed 24 Feb 14 (month, day, year)

Signature _____ (File the original signed statement with your filing official.)

**SCHEDULE D
Income – Gifts**

Name
Rocky J. Chávez

▶ NAME OF SOURCE (Not an Acronym)
CA New Car Dealers Association

ADDRESS (Business Address Acceptable)
1415 L St., Ste 700, Sacramento, 95824

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 13 / 13</u>	\$ <u>70.98</u>	<u>food/drik</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CTIA-The Wireless Association

ADDRESS (Business Address Acceptable)
1400 16th St, NW, Ste 600, Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wireless Industry Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 24 / 13</u>	\$ <u>64.18</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Farmer's Group, Inc

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 09 / 13</u>	\$ <u>63.95</u>	<u>food/drink</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Del Mar Thoroughbred Club

ADDRESS (Business Address Acceptable)
PO BOX 700, Del Mar, CA 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 17 / 13</u>	\$ <u>440.00</u>	<u>Admission/Rm/Parking</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
State Farm

ADDRESS (Business Address Acceptable)
1201 K Street, Ste 920, Sacramento, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 16 / 13</u>	\$ <u>58.20</u>	<u>food/drink</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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

ADDRESS (Business Address Acceptable)
Pier 35, Ste 202, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Roundtable

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 25 / 13</u>	\$ <u>384.61</u>	<u>hotel/food/drink</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Tr. - City Medical Center

ADDRESS *(Business Address Acceptable)*
2095 West Vista Way Ste 214 Vista CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Moonlight Cultural Foundation Golf Classic

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/30/13</u>	<u>\$ 200.00</u>	<u>Green Fee's</u>
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Rocky J. Chavez

- 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)
EdVoice Institute

ADDRESS (Business Address Acceptable)
1107 9th St, Ste 680,

CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 08/01/13 - 08/02/13 AMT: \$ 515.20
 (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)
State Legislative Leaders Foundation

ADDRESS (Business Address Acceptable)
1645 Falmouth Rd, Bdg D

CITY AND STATE
Centerville, MA 02632

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

DATE(S): _____ AMT: \$ 3,942.38
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Participated in Program/Class. Reimbursement for:
Room/board, tuition/fees, travel and dinner

▶ 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: _____

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MAR 5 2014

BY: B. J. H.

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
SCHEDULE D
2014 MAR 10 10:05 AM

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
CA New Car Dealers Association
ADDRESS (Business Address Acceptable)
1415 L St, Ste 700, Sacramento 95824
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 13 / 13</u>	<u>\$ 70.98</u>	<u>food/drink</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CTIA- The Wireless Association
ADDRESS (Business Address Acceptable)
1400 16th St, NW Ste 600 Washington DC, 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wireless Industry Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 24 / 13</u>	<u>\$ 64.18</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Farmer's Group Inc
ADDRESS (Business Address Acceptable)
1201 K Street, Ste 950, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 09 / 13</u>	<u>\$ 63.95</u>	<u>food/drink</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Del Mar Thoroughbred Club
ADDRESS (Business Address Acceptable)
PO BOX 700, Del Mar, CA 92014
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 17 / 13</u>	<u>\$ 440.00</u>	<u>Admissions/Rm/Parkin</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
State Farm
ADDRESS (Business Address Acceptable)
1201 K Street, Ste 920, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 16 / 13</u>	<u>\$ 58.20</u>	<u>food/drink</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Filer's Verification

Print Name Rocky J. Chavez

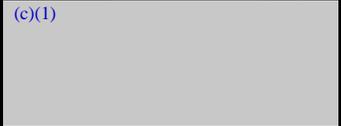
Office, Agency or Court CA State Assembly

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 5 MAR 14

Filer's Signature 

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Tri-City Medical Center
 ADDRESS (Business Address Acceptable)
2095 West Vista Way, Ste 214, Vista CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Moonlight Cultural Foundation Gold Classic

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 30 / 13</u>	<u>\$ 200-</u>	<u>Green Fee's</u>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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 Rocky J. Chavez

Office, Agency or Court CA State Assembly

Statement Type 2013/2014 Annual Assuming Leaving
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Date Signed 5 Mar 14

Filer's Signature (c)(1)

Comments: _____

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

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▶ NAME OF SOURCE (Not an Acronym)
National Assoc of Latino Elected & Appointed Officials
 ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd., 3rd Floor
 CITY AND STATE
Los Angeles, CA 90015
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 10 / 25 / 13 - 10 / 27 / 13 AMT. \$ 723.46
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Scholarship: Latino Legislative Summit on Health

▶ NAME OF SOURCE (Not an Acronym)
CA Federation on the Environment and the Economy
 ADDRESS (Business Address Acceptable)
Pier 35, Ste 202
 CITY AND STATE
San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 10 / 29 / 13 - 10 / 30 / 13 AMT. \$ 502.35
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
CFFEE: Roundtable Conference on Water

▶ NAME OF SOURCE (Not an Acronym)
CA Federation on the Environment and the Economy
 ADDRESS (Business Address Acceptable)
Pier 35, Ste 202
 CITY AND STATE
San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 04 / 25 / 13 - 04 / 27 / 13 AMT. \$ 384.61
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
CFFEE: Roundtable on Energy Conference

Filer's Verification

Print Name Rocky J. Chavez

Office, Agency or Court CA State Assembly

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 _____ Annual Candidate
 (yr)

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▶ NAME OF SOURCE (Not an Acronym)
EdVoice Institute
 ADDRESS (Business Address Acceptable)
1107 9th St, Ste 680
 CITY AND STATE
Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 08 / 01 / 13 - 08 / 02 / 13 AMT: \$ 515.20
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Discussant/Panelist: Ed Voice Symposium for Legislators

▶ NAME OF SOURCE (Not an Acronym)
State Legislative Leaders Foundation
 ADDRESS (Business Address Acceptable)
1645 Falmouth Rd, Bldg D
 CITY AND STATE
Centerville, MA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 07 / 08 / 13 - 07 / 11 / 13 AMT: \$ 3,942.38
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Participated in Program/Class; Reimbursement for room/board; tuition/fees; travel and dinner

▶ 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

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 (c)(1)

Filer's Signature 

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