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

# STATEMENT OF ECONOMIC INTERESTS
## COVER PAGE

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PRACTICES COMMISSION
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| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| Conway | Connie | |

## 1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: Assembly

Your Position: Assemblymember

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

Agency: California Commission on Disability Access  Position: Commissioner

## 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:*** 8

- [ ] **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
- [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

Name
Conway, Connie

# 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.**

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▶ NAME OF SOURCE *(Not an Acronym)*
California Assn. of Life & Health Insurance Companies
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 1820
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)

DATE(S): 09/25/13 - 09/26/13 *(If gift)* AMT: $ 732.53

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Travel, meals, lodging

---

▶ NAME OF SOURCE *(Not an Acronym)*
California State Protocol Foundation
ADDRESS *(Business Address Acceptable)*
11355 W. Olympic Blvd
CITY AND STATE
Los Angeles, CA 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)

DATE(S): 05/06/13 - / / *(If gift)* AMT: $ 80.50

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Dinner with Governor Brown and other legislative members

---

▶ NAME OF SOURCE *(Not an Acronym)*
California State Protocol Foundation
ADDRESS *(Business Address Acceptable)*
11355 W. Olympic Blvd
CITY AND STATE
Los Angeles, CA 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)

DATE(S): 03/11/13 - / / *(If gift)* AMT: $ 55.29

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Dinner with Governor Brown and other legislative members

---

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

DATE(S): 08/01/13 - 08/02/13 *(If gift)* AMT: $ 515.20

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Meals, lodging

---

**Comments:**

CALIFORNIA FORM **700**
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► NAME OF SOURCE *(Not an Acronym)*
Pharmaceutical Research & Manufacturers of America
ADDRESS *(Business Address Acceptable)*
950 F Street NW, Suite 300
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)

DATE(S): 01 / 31 / 13 - 02 / 01 / 13 *(If gift)* AMT: $ 604.81

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Meals, Lodging

---

► NAME OF SOURCE *(Not an Acronym)*
Republican Legislative Campaign Committee
ADDRESS *(Business Address Acceptable)*
1201 F Street NW, #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)4

DATE(S): 04 / 07 / 13 - 04 / 08 / 13 *(If gift)* AMT: $ 2,976.37

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Travel, Meals, Lodging

---

► NAME OF SOURCE *(Not an Acronym)*
Republican Legislative Campaign Committee
ADDRESS *(Business Address Acceptable)*
1201 F Street NW, #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)4

DATE(S): 02 / 21 / 13 - 02 / 22 / 13 *(If gift)* AMT: $ 1,216.03

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Travel, Meals, Lodging

---

► NAME OF SOURCE *(Not an Acronym)*
Republican Legislative Campaign Committee
ADDRESS *(Business Address Acceptable)*
1201 F Street NW, #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)4

DATE(S): 07 / 21 / 13 - 07 / 24 / 13 *(If gift)* AMT: $ 2,241.52

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Travel, Meals, Lodging

---

**Comments:**

CALIFORNIA FORM **700**
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Name
Conway, Connie

# SCHEDULE E
## Income – Gifts
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---

► NAME OF SOURCE *(Not an Acronym)*
Republican Legislative Campaign Committee
ADDRESS *(Business Address Acceptable)*
1201 F Streeet NW #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)4
DATE(S): 07 / 19 / 13 - ___ / ___ / ___ *(If gift)* AMT: $ 41.80
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Meals

---

► NAME OF SOURCE *(Not an Acronym)*
Republican Legislative Campaign Committee
ADDRESS *(Business Address Acceptable)*
1201 F Streeet NW #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)4
DATE(S): 11 / 13 / 13 - 11 / 16 / 13 *(If gift)* AMT: $ 1,004.69
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, Meals, Lodging

---

► NAME OF SOURCE *(Not an Acronym)*
Republican Legislative Campaign Committee
ADDRESS *(Business Address Acceptable)*
1201 F Streeet NW #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)4
DATE(S): 09 / 29 / 13 - 10 / 02 / 13 *(If gift)* AMT: $ 1,457.06
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, Meals, Lodging

---

► NAME OF SOURCE *(Not an Acronym)*
State Government Leadership Foundation
ADDRESS *(Business Address Acceptable)*
1201 F Street NW, #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)4
DATE(S): 11 / 07 / 13 - 11 / 09 / 13 *(If gift)* AMT: $ 1,413.08
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, Meals, Lodging

**Comments:**

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Name
Conway, Connie

# SCHEDULE E
## Income – Gifts
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► NAME OF SOURCE *(Not an Acronym)*
Taipei Economic & Cultural Office, San Francisco
ADDRESS *(Business Address Acceptable)*
555 Montgomery Street Suite 501
CITY AND STATE
San Francisco, CA 94111
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 03/22/13 - 03/29/13 *(if gift)* AMT: $ 6,577.00

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Educational Taiwan Trade Mission

► 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

► 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:**

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Conway, Connie

# SCHEDULE D
## Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*: Armenian National Committee of America
ADDRESS *(Business Address Acceptable)*: 104 N. Belmont St #200, Glendale, CA 91206
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 11/30/13 | $ 156.00 | Food, Drink |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE *(Not an Acronym)*: California Tomato Growers Association
ADDRESS *(Business Address Acceptable)*: 2300 River Plaza Dr, Ste 100, Sacramento, CA95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02/27/13 | $ 5.28 | Reusable Bag |
| 02/27/13 | $ 249.53 | Food, Drink |
| / / | $ | |

▶ NAME OF SOURCE *(Not an Acronym)*: Barona Band of Mission Indians
ADDRESS *(Business Address Acceptable)*: 2095 Barona Rd, Lakeside, CA 95040
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 08/15/13 | $ 72.00 | Food, Drink |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE *(Not an Acronym)*: California Chamber of Commerce
ADDRESS *(Business Address Acceptable)*: 1215 K Street, Suite 1400, Sacramento, CA 95841
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 08/26/13 | $ 59.00 | Food, Drink |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE *(Not an Acronym)*: California Grape & Tree Fruit League
ADDRESS *(Business Address Acceptable)*: 978 W. Alluvial, Suite 107, Fresno, CA 93711
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02/27/13 | $ 10.00 | Hat |
| 06/19/13 | $ 82.60 | Food, Drink |
| 08/14/13 | $ 15.00 | Tin box & fruit |

▶ NAME OF SOURCE *(Not an Acronym)*: California Citrus Mutual
ADDRESS *(Business Address Acceptable)*: 512 N. Kaweah Ave, Exeter, CA 93221
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02/27/13 | $ 1.95 | Fruit |
| 04/09/13 | $ 25.95 | Fruit |
| 04/10/13 | $ 58.58 | Food, Drink |

**Comments:**

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Name
Conway, Connie

# SCHEDULE D
## Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Cox Communications
ADDRESS *(Business Address Acceptable)*
5651 Dopley Dr, San Diego, CA 92111
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commmunications Co; Internet, Phone, TV, etc

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 04 / 29 / 13 | $ 75.00 | Food, Drink |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Dr. William Lai, Mayor of Taiwan
ADDRESS *(Business Address Acceptable)*
No 1, E Sec, Xianghe 1st Rd, Taibao City
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chiayi County 612, Taiwan ROC

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 28 / 13 | $ 70.00 | Scarf & Plate |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Edison International
ADDRESS *(Business Address Acceptable)*
2244 Walnut Grove Ave, Rosemead, CA 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Generator & Distributor of Electricity

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 01 / 15 / 13 | $ 52.77 | Food, Drink |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Motor Vehicle Software Corporation
ADDRESS *(Business Address Acceptable)*
29219 Canwood Ave #205, Agoura Hills, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Software Company

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 08 / 08 / 13 | $ 150.00 | Food, Drink |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Jin-Pyng Wang, Pres. of Legislative Yuan
ADDRESS *(Business Address Acceptable)*
1 Chung Shang S Rd, Taipei, Taiwan ROC
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Representative of Taiwan

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 29 / 13 | $ 90.00 | Decorative Plate |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Oracle
ADDRESS *(Business Address Acceptable)*
1015 15th St NW, Ste 250, Washington DC 20005
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hardward & Software Company

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 09 / 24 / 13 | $ 76.95 | Food, Drink |
| / / | $ | |
| / / | $ | |

**Comments:**

CALIFORNIA FORM **700**
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Name
Conway, Connie

# SCHEDULE D
## Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Sempra Energy
ADDRESS *(Business Address Acceptable)*
101 Ash Street, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy services holding company

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02 / 11 / 13 | $ 93.00 | Meal, Entertainment |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Thoroughbred Owners of CA
ADDRESS *(Business Address Acceptable)*
2260 Jimmy Durante Blvd, Del Mar, CA 92014
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Organization of horse breeders/owners

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 11 / 01 / 13 | $ 175.00 | Tickets, Food, Drink |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Taipai Economic & Cultural Ofce SF
ADDRESS *(Business Address Acceptable)*
555 Montgomery St, #501, San Francisco, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 08 / 13 | $ 65.00 | Food, Drink |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Toyota Motor Company of North America
ADDRESS *(Business Address Acceptable)*
411 E Wisconsin Ave, Milwaukee, WI 53202
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Automobile Manufacturer

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 06 / 26 / 13 | $ 61.44 | Food, Drink |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
California Cut Flower Commission
ADDRESS *(Business Address Acceptable)*
P. O. Box 90225, Santa Barbara, CA 93195
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02 / 27 / 13 | $ 53.99 | Flowers, Water Bottle |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
California Building Industry Association
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste 1200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 10 / 22 / 13 | $ 60.00 | Food, Drink |
| / / | $ | |
| / / | $ | |

**Comments:**