

RECEIVED
 Date Received
 Office Use Only
 FEB 28 2014
 BY: BCH

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Cooley Ken William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 State Assembly
 Division, Board, Department, District, if applicable
 District 8
 Your Position
 Member
 ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
 Agency: State Seismic Safety Commission Position: Commissioner

2. Jurisdiction of Office (Check at least one box)

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

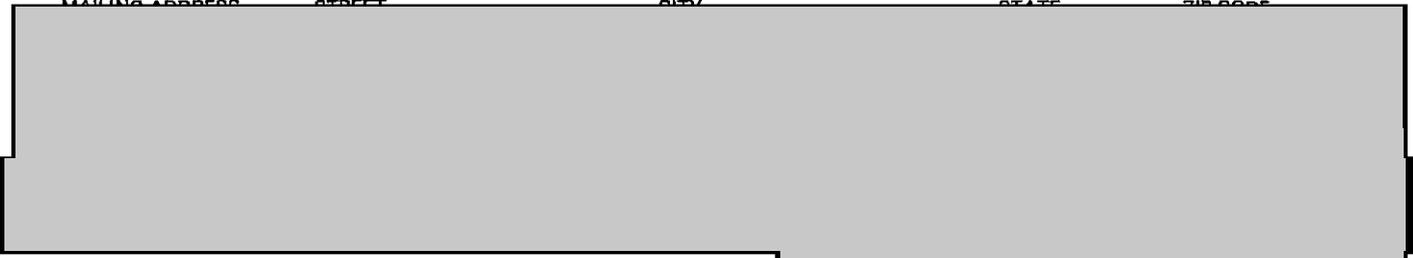
3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2013, through December 31, 2013.
 - 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
 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


Date Signed 2-28-2014 Signature
 (month, day, year)

Schedule A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Ken William Cooley

► **NAME OF BUSINESS ENTITY**
Transportation Networks International Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Wireless transportation network internet svcs

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

► **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

► **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

► **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

► **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

► **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

Comments: _____

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

Ken William Cooley

1. BUSINESS ENTITY OR TRUST

Ken Cooley & Sydney Cooley Revocable Trust
(1)

Name

11119 Concord River Ct., Rancho Cordova, CA
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 | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$0 - \$1,999 | _____/_____/_____/_____/_____/_____/ |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INVESTMENT | |
| <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> 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 \$10,001 - \$100,000

\$500 - \$1,000 Over \$100,000

\$1,001 - \$10,000

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

10624 Chardonay Drive
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Rancho Cordova, CA 95670
Description of Business Activity or City or Other Precise Location of Real Property

| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
|--|--|
| <input type="checkbox"/> \$2,000 - \$10,000 | _____/_____/_____/_____/_____/_____/ |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INTEREST | |
| <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Leasehold _____ Yrs. remaining | |
| <input type="checkbox"/> Other _____ | |
| NATURE OF INTEREST | |
| <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Leasehold _____ Yrs. remaining | |
| <input type="checkbox"/> Other _____ | |

4. (cont.)

Check one box:

INVESTMENT REAL PROPERTY

11150 Trinity River Drive, #122
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Rancho Cordova, CA 95670
Description of Business Activity or City or Other Precise Location of Real Property

| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
|--|--|
| <input type="checkbox"/> \$2,000 - \$10,000 | _____/_____/_____/_____/_____/_____/ |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INTEREST | |
| <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Leasehold _____ Yrs. remaining | |
| <input type="checkbox"/> Other _____ | |

4. (cont.)

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 | IF APPLICABLE, LIST DATE: |
|---|--|
| <input type="checkbox"/> \$2,000 - \$10,000 | _____/_____/_____/_____/_____/_____/ |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |
| NATURE OF INTEREST | |
| <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Leasehold _____ Yrs. remaining | |
| <input type="checkbox"/> Other _____ | |

Comments: 1-No income sources of \$10,000 or more.

Schedule C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Ken William Cooley

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Cordova Neighborhood Church

ADDRESS (Business Address Acceptable)
10600 Coloma Road, Rancho Cordova, CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Church

YOUR BUSINESS POSITION
None

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 Over \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's Income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 Over \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's Income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

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
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 Over \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address
City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

Schedule D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Ken William Cooley

➤ NAME OF SOURCE (Not an Acronym)
California Chamber of Commerce
ADDRESS (Business Address Acceptable)
1215 K St., #1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>3/ 5/13</u> | \$ <u>63.86</u> | <u>Dinner</u> |
| <u>5/21/13</u> | \$ <u>30.67</u> | <u>Reception</u> |
| <u> / /</u> | \$ <u> </u> | <u> </u> |

➤ NAME OF SOURCE (Not an Acronym)
California Issues Forum
ADDRESS (Business Address Acceptable)
1717 I Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit advocacy organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>1/29/13</u> | \$ <u>84.50</u> | <u>Dinner</u> |
| <u>5/15/13</u> | \$ <u>15.00</u> | <u>Box lunch</u> |
| <u>8/20/13</u> | \$ <u>85.00</u> | <u>Dinner</u> |

➤ NAME OF SOURCE (Not an Acronym)
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st St., #200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|------------------------|
| <u>2/26/13</u> | \$ <u>123.94</u> | <u>Dinner</u> |
| <u>12/ 5/13</u> | \$ <u>95.19</u> | <u>Meal</u> |
| <u> / /</u> | \$ <u> </u> | <u> </u> |

➤ NAME OF SOURCE (Not an Acronym)
California State Protocol Foundation
ADDRESS (Business Address Acceptable)
11355 West Olympic Blvd., Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit charitable organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>1/30/13</u> | \$ <u>70.75</u> | <u>Dinner</u> |
| <u> / /</u> | \$ <u> </u> | <u> </u> |
| <u> / /</u> | \$ <u> </u> | <u> </u> |

➤ NAME OF SOURCE (Not an Acronym)
California Hospital Association
ADDRESS (Business Address Acceptable)
1215 K St., #800, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|------------------------|
| <u>9/ 5/13</u> | \$ <u>104.00</u> | <u>Dinner</u> |
| <u> / /</u> | \$ <u> </u> | <u> </u> |
| <u> / /</u> | \$ <u> </u> | <u> </u> |

➤ NAME OF SOURCE (Not an Acronym)
California American Water Co.
ADDRESS (Business Address Acceptable)
1033 B Ave., #200, Coronado, CA 92118
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water company

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|---|
| <u>5/28/13</u> | \$ <u>120.00</u> | <u>Tickets to California Roast dinner</u> |
| <u> / /</u> | \$ <u> </u> | <u> </u> |
| <u> / /</u> | \$ <u> </u> | <u> </u> |

Comments: _____

Schedule D

Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Ken William Cooley

NAME OF SOURCE (Not an Acronym)

Clean Energy BC

ADDRESS (Business Address Acceptable)
384 409 Granville St., Vancouver, BC
Canada

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Energy company

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|-------------------------------|
| 9/23/13 | \$ 81.39 | Walking stick, blanket, photo |
| / / | \$ | |
| / / | \$ | |

NAME OF SOURCE (Not an Acronym)

Phillips 66

ADDRESS (Business Address Acceptable)
1201 K St., #1930, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Oil company

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 5/23/13 | \$ 114.25 | Dinner |
| / / | \$ | |
| / / | \$ | |

NAME OF SOURCE (Not an Acronym)

Republic of Korea Consul General Lee

ADDRESS (Business Address Acceptable)
3500 Clay St., San Francisco, CA 94118

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 1/23/13 | \$ 78.00 | Tie |
| / / | \$ | |
| / / | \$ | |

NAME OF SOURCE (Not an Acronym)

David Pruitt Consulting, LLC

ADDRESS (Business Address Acceptable)
1414 K Street, Suite 220 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Fundraising Services

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|----------------------------|
| 12/12/13 | \$ 131.08 | Dinner for Asm. and spouse |
| / / | \$ | |
| / / | \$ | |

NAME OF SOURCE (Not an Acronym)

John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
777 S. Figueroa St., #4050, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Officeholder committee

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 2/26/13 | \$ 74.75 | Personalized jacket |
| 9/13/13 | \$ 66.26 | Flowers |
| / / | \$ | |

NAME OF SOURCE (Not an Acronym)

Sacramento County Farm Bureau

ADDRESS (Business Address Acceptable)
8970 Elk Grove Bl., Elk Grove, CA 95624

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|--------------------------------|
| 1/31/13 | \$ 28.00 | Breakfast |
| 8/2/13 | \$ 15.00 | Box lunch provided during tour |
| 9/7/13 | \$ 150.00 | Dinner |

Comments:

Schedule D

Income - Gifts

| |
|--|
| CALIFORNIA FORM 700 |
| <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name Ken William Cooley |

➤ NAME OF SOURCE *(Not an Acronym)*

University of California, Berkeley

ADDRESS *(Business Address Acceptable)*
2130 Center St., 2nd Fl., Berkeley, CA 94720

BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|---------------------------------|
| <u>9/14/13</u> | <u>\$ 200.00</u> | <u>Tickets to football game</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </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) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </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) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </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) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </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) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </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) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

Comments: _____

Schedule E

Income - Gifts Travel Payments, Advances and Reimbursements

| |
|--|
| CALIFORNIA FORM 700 |
| <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name |
| Ken William Cooley |

- 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 <i>(Not an Acronym)</i> California Issues Forum (1) ADDRESS <i>(Business Address Acceptable)</i> 1717 I Street CITY AND STATE Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) Nonprofit advocacy organization DATE(S): 12 / 9 / 13 - 12 / 10 / 13 AMT:\$ 821.80 <i>(if gift)</i> TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income <input checked="" type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description Panelist at policy retreat. Travel, lodging and meals. |
|--|

| |
|---|
| ► NAME OF SOURCE <i>(Not an Acronym)</i> Pacific Policy Research Foundation (3) ADDRESS <i>(Business Address Acceptable)</i> 101 Parkshore Dr., #100 CITY AND STATE Folsom, CA 95630 BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) Nonprofit foundation DATE(S): 3 / 14 / 13 - 3 / 15 / 13 AMT:\$ 692.18 <i>(if gift)</i> TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income <input checked="" type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description Panelist at policy roundtable. Lodging and meals. |
|---|

| |
|--|
| ► NAME OF SOURCE <i>(Not an Acronym)</i> Government of Canada - Consulate General (2) ADDRESS <i>(Business Address Acceptable)</i> 580 California St., #1400 CITY AND STATE San Francisco, CA 94104 BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) Government DATE(S): 9 / 15 / 13 - 9 / 19 / 13 AMT:\$ 862.39 <i>(if gift)</i> TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input checked="" type="checkbox"/> Other - Provide Description Study and Policy Tour to Canada. Transportation, lodging, and meals. |
|--|

| |
|--|
| ► NAME OF SOURCE <i>(Not an Acronym)</i> ADDRESS <i>(Business Address Acceptable)</i> CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) DATE(S): / / - / / AMT:\$ <i>(if gift)</i> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description |
|--|

Comments: 1-Not subject to gift limit per GC 89506(a)(1)., 2-Not subject to gift limit per GC 89506(a)(2)., 3-Not subject to gift limit per GC 89506(a)(2).