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CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

MAR 3 2014

Please type or print in ink.



COVER PAGE
RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

BY: B. H.

(MIDDLE)

NAME OF FILER (LAST)

Dababneh

2014 MAR -3 PM 2:01

Michael

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

Assembly District 45

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)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other AD 45

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: 4

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



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 2/24/14
(month, day, year)

Signature _____

SCHEDULE D
Income – Gifts

Name
Matthew Dababneh

▶ NAME OF SOURCE *(Not an Acronym)*
 California Democratic Party

ADDRESS *(Business Address Acceptable)*
 1401 21st Street #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 13	\$ 95.19	Meeting/Meal
/ /	\$	
/ /	\$	

▶ 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 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Dababneh

- 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 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 AMT: \$ 725.00
(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)*
 California Healthcare Institute Life Sciences Academy

ADDRESS *(Business Address Acceptable)*
 888 Prospect Street

CITY AND STATE
 La Jolla, Ca

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

DATE(S): 12/05/13 - 12/06/13 AMT: \$ 603.44
(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)*
 EdVoice

ADDRESS *(Business Address Acceptable)*
 1107 9th Street, Suite 680

CITY AND STATE
 Sacramento, Ca

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

DATE(S): 12/03/13 - 12/04/13 AMT: \$ 1,257.73
(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)*
 California Tribal Business Alliance

ADDRESS *(Business Address Acceptable)*
 1530 J Street, Suite 410

CITY AND STATE
 Sacramento, Ca

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Political Non-Profit 501(c)6

DATE(S): 12/11/13 - 12/11/13 AMT: \$ 109.36
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name
 Dababneh

- 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 Tribal Business Alliance

ADDRESS (Business Address Acceptable)
 1530 J Street, Suite 410

CITY AND STATE
 Sacramento, Ca.

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Political Non-Profit 501(c)6

DATE(S): 10 / 02 / 13 - 10 / 02 / 13 AMT: \$ 54.12
 (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)
 CalChamber

ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1400

CITY AND STATE
 Sacramento, Ca.

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Political Non-Profit 501(c)6

DATE(S): 10 / 16 / 13 - 10 / 16 / 13 AMT: \$ 510.49
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Participated in a conference

▶ 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: _____