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STATEMENT OF ECONOMIC INTERESTS

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2014 MAR 5 PM 4:16

BY: BJA

Please type or print in ink.

NAME OF FILER (LAST) Daly (FIRST) Tom (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

Your Position

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, 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
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
None - No reportable interests on any schedule



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

Date Signed 03/05/2014 (month, day, year)

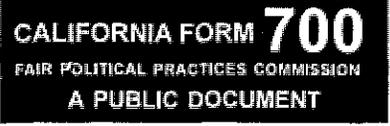
Signature

RECEIVED

Date Received
Office of the Clerk

MAR 3 2014

BY: BTH
(MIDDLE)



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Daly Tom

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly
Division, Board, Department, District, if applicable Your Position

► 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.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed _____
- 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.
- 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 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
(Business or Agency Address Recommended - Public Document)

(d)(5)

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 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 02/27/2013
(month, day, year)

Signature (d)(5)

SCHEDULE D
Income – Gifts

Name
Tom Daly

▶ NAME OF SOURCE (Not an Acronym)
California Issues Forum

ADDRESS (Business Address Acceptable)
1717 I St., Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
policy group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 17 / 13	\$ 12.20	boxed lunch
01 / 29 / 13	\$ 84.50	dinner
02 / 06 / 13	\$ 9.77	breakfast

▶ NAME OF SOURCE (Not an Acronym)
The California Wine Institute

ADDRESS (Business Address Acceptable)
915 L St., Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
wine industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 11 / 13	\$ 58.80	food
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
777 S. Figueroa St., Suite 4050, Los Angeles 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 74.75	personalized jacket
08 / 06 / 13	\$ 44.60	bottle of wine
02 / 04 / 13	\$ 16.20	food/beverage

▶ NAME OF SOURCE (Not an Acronym)
Family Business Association

ADDRESS (Business Address Acceptable)
1215 K St., Suite 2120, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 13	\$ 53.42	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
1401 21st St., #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 123.94	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Association of REALTORS

ADDRESS (Business Address Acceptable)
1121 L street, Suite 600, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
real estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 13	\$ 59.00	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
Tom Daly

▶ NAME OF SOURCE (Not an Acronym)
Toy Industry Association, Inc.
 ADDRESS (Business Address Acceptable)
P.O. Box 160942, Sacramento, CA 95816
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 14 / 13</u>	<u>\$ 104.00</u>	<u>attended reception</u>
<u> / / </u>	<u>\$ </u>	<u>*did not keep gift bag*</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Orange County Coalition of Police & Sheriffs PAC
 ADDRESS (Business Address Acceptable)
1415 L St., Suite 410, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
political association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 25 / 13</u>	<u>\$ 186.38</u>	<u>dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
APPLE Inc.
 ADDRESS (Business Address Acceptable)
1 infinite loop, MS 3-CF Cupertino, CA 95014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
consumer products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 28 / 13</u>	<u>\$ 225.00</u>	<u>ticket and dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Civil Justice Association of California
 ADDRESS (Business Address Acceptable)
1201 K. St., Suite 1950, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 14 / 13</u>	<u>\$ 50.56</u>	<u>meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Comcast & Affiliated Entities Including NBCUniversal
 ADDRESS (Business Address Acceptable)
1401 21st St., #200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 13</u>	<u>\$ 175.00</u>	<u>sporting event ticket</u>
<u>05 / 20 / 13</u>	<u>\$ 77.96</u>	<u>food/beverages</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 19 / 13</u>	<u>\$ 71.69</u>	<u>meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Tom Daly

▶ NAME OF SOURCE (Not an Acronym)
California Issues Forum

ADDRESS (Business Address Acceptable)
1717 I St., Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
policy group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 20 / 13	\$ 85.00	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
1401 21st St., Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 13	\$ 95.19	meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
The Western State Petroleum Association

ADDRESS (Business Address Acceptable)
2350 Kerner Blvd., Ste. 250, San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE
trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 13	\$ 330.54	meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California State Protocol Foundation

ADDRESS (Business Address Acceptable)
11355 West Olympic Blvd., Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit association 501 (c)(3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 13	\$ 65.92	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Building Industry Association

ADDRESS (Business Address Acceptable)
1215 K St., Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 20 / 13	\$ 36.75	reception
10 / 22 / 13	\$ 60.00	dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Orange County Hispanic Chamber of Commerce

ADDRESS (Business Address Acceptable)
2130 E 4th St # 160, Santa Ana, CA 92705

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit 501(c)(6)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 13	\$ 224.00	meal/entertainment
___ / ___ / ___	\$ _____	(2) tickets
___ / ___ / ___	\$ _____	_____

Comments: _____

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)
 California Issues Forum

ADDRESS (Business Address Acceptable)
 1717 I Street

CITY AND STATE
 Sacramento, CA 95811

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

DATE(S): 02 / 07 / 13 - 02 / 08 / 13 AMT: \$ 125.00
 (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)
 John Wayne Airport

ADDRESS (Business Address Acceptable)
 3160 Airway Ave.

CITY AND STATE
 Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 parking for purpose of legislative session

DATE(S): 10 / 01 / 13 - 12 / 31 / 13 AMT: \$ 100.00
 (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 Independent Petroleum Association

ADDRESS (Business Address Acceptable)
 1001 K Street, 6th Floor

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 CIPA's Oil Symposium

DATE(S): 09 / 14 / 13 - 09 / 15 / 13 AMT: \$ 723.04
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Lodging and meals associated with seminar on how state can balance energy & environmental policy?

▶ NAME OF SOURCE (Not an Acronym)
 CalChamber

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

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 10 / 16 / 13 - 10 / 18 / 13 AMT: \$ 800.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Lodging and meals associated with panel participation in the public affairs conference.

Comments: _____

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.

▶ NAME OF SOURCE (Not an Acronym)
 California Healthcare Institute

ADDRESS (Business Address Acceptable)
 1201 K Street Suite 1840

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Life Sciences Academy Conference

DATE(S): 12 / 05 / 13 - 12 / 06 / 13 AMT: \$ 488.50
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Lodging and meals associated with speech and participation in discussion.

▶ 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 _____

▶ 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: _____