

RECEIVED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

FEB 28 2014

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

2014 FEB 28 PM 3:31

BY: *[Signature]*

Please type or print in ink.

NAME OF FILER (LAST) FRAZIER (FIRST) JAMES (MIDDLE) L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly
Division, Board, Department, District, if applicable
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 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. Leaving Office: Date Left _____ (Check one)
- or- The period covered is _____ through _____ 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: 7

- 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

5. (c)(1)

herein and in any attached schedules is true and complete. I acknowledge (c)(1)

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

Date Signed 2/28/2014
(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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name James L. Frazier
--

▶ NAME OF BUSINESS ENTITY
Chevron

GENERAL DESCRIPTION OF THIS BUSINESS
Oil and Gas

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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 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:
 _____ / _____ / 13 _____ / _____ / 13
 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
James L. Frazier

1. BUSINESS ENTITY OR TRUST

SMF Construction, Inc
Name
2063 Main St # 149 Oakley, CA 94561
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
General Contractor

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 01 / 31 / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Corporation Other

YOUR BUSINESS POSITION President / CEO

1. BUSINESS ENTITY OR TRUST

Windy Springs, LLC
Name
2063 Main St # 150 Oakley, CA 94561
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Investment

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other

YOUR BUSINESS POSITION Partner/Investor

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

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

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

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:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

4 parcels 019-050-160-1; 161-9; 162-7; 163-5
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

City of Brentwood

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 James L. Frazier

▶ INCOME RECEIVED	▶ INCOME RECEIVED
NAME OF SOURCE OF INCOME Chevron Products Co, a division of Chevron U.S.A. ADDRESS (Business Address Acceptable) 6001 Bollinger Canyon Rd, San Ramon, CA 94583 BUSINESS ACTIVITY, IF ANY, OF SOURCE Oil and Gas YOUR BUSINESS POSITION Marketing and Operations Coordinator GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____ GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
---	---

Comments: _____

SCHEDULE D
Income – Gifts

Name
James L. Frazier

▶ NAME OF SOURCE (Not an Acronym)
CA Foundation on the Environment & Economy CFEE

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Seminars

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 13	\$ 15.00	Spouse Transportation
02 / 07 / 13	\$ 84.00	Spouse Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Joe Garaventa

ADDRESS (Business Address Acceptable)
4080 Mallard Dr Concord, CA 94524

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 13	\$ 250.00	Fundraiser/Reception
09 / 07 / 13	\$ 250.00	Spouse Fundrsr/Recpt
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
NRG Energy, Inc

ADDRESS (Business Address Acceptable)
696 West Tenth St Pittsburg, CA 94565

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 13	\$ 28.00	Lunch
06 / 19 / 13	\$ 24.00	Ludte Gift
06 / 19 / 13	\$ 1.50	Chocolate Gift
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
1401 21st Street # 220 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
12 / 26 / 13	\$ 123.94	Policy Conference
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
777 S Figueroa St # 4050 Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 13	\$ 16.20	Food and Beverage
02 / 26 / 13	\$ 88.57	Jacket
08 / 06 / 13	\$ 44.60	Wine
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 29 / 13	\$ 84.50	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 James L. Frazier

▶ NAME OF SOURCE (Not an Acronym)
Facebook

ADDRESS (Business Address Acceptable)
 561 Garden Street Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Internet Publishing and Broadcasting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 13	\$ 50.27	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Jewish Public Affairs of CA

ADDRESS (Business Address Acceptable)
 1127 Eleventh Street #400 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 13	\$ 56.12	Dinner
/ /	\$	
/ /	\$	

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

ADDRESS (Business Address Acceptable)
 1215 K Street # 1200 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 CA Building Industry Association (

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 13	\$ 60.00	Lunch
/ /	\$	
/ /	\$	

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

ADDRESS (Business Address Acceptable)
 11355 West Olympic Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Los Angeles, CA 90064

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

▶ 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

Name
 James L. Frazier

- 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 Foundation of The Environment and the
 ADDRESS (Business Address Acceptable)
 Economy - Pier 39, Suite 202
 CITY AND STATE
 San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Education Seminars
 DATE(S): 02 / 07 / 13 - 02 / 08 / 13 AMT: \$ 391.58
 (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 _____

▶ 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: _____