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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION
2014 MAR -3 PM 3:55

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GONZALEZ	LORENA	SOFIA

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CALIFORNIA STATE ASSEMBLY

Division, Board, Department, District, if applicable: 80TH ASSEMBLY DISTRICT

Your Position: ASSEMBLYWOMAN

► 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)*

- [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 05 / 28 / 2013, 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:*** 7

- [ ] **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 03/03/2014 (month, day, year)

Signature

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Lorena Gonzalez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: UFCW Local 135
ADDRESS *(Business Address Acceptable)*: 2001 Camino Del Rio SD CA 92108
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Community Organizing, Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/28/13	$ 95.00	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Cooperative of American Physicians & its State Pac
ADDRESS *(Business Address Acceptable)*: 333 S. Hope St., 8th FL Los Angeles CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Medical Professional Liability Protection

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/28/13	$ 225.00	CA Roast Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: San Diego County
ADDRESS *(Business Address Acceptable)*: 2350 Kerner Blvd, Ste. 250 San Rafael, CA 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/29/13	$ 79.09	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Facebook
ADDRESS *(Business Address Acceptable)*: 516 Garden Street, Sacramento CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Social Media

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/21/13	$ 62.50	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Medical Association
ADDRESS *(Business Address Acceptable)*: 1201 J Street, Ste 200, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Medical Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/28/13	$ 52.52	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Stanford University
ADDRESS *(Business Address Acceptable)*: Bldng 170 1st fl Main Quad Stanford CA 94305-2040
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Private University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/19/13	$ 266.00	Football Tkts
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
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Name: Lorena Gonzalez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: CA Latino Caucus Leadership PAC
ADDRESS *(Business Address Acceptable)*: 777 S. Figueroa St Ste 4050 Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political Action Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/25/13	$131.76	Personalized Box
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: La Cooperative Campesina de California
ADDRESS *(Business Address Acceptable)*: 1107 9th St Ste 420 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non-profit Health Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/22/13	$379.75	Award
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Democratic Party
ADDRESS *(Business Address Acceptable)*: 1404 21st St, Ste 200 Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/05/13	$95.19	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Dental Association
ADDRESS *(Business Address Acceptable)*: 1201 K St. 14th Fl Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Medical Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/06/13	$126.90	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Earl B. Gilliam Bar Association
ADDRESS *(Business Address Acceptable)*: PO Box 124655 San Diego CA 92112-4655
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/08/13	$125.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: John Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*: 777 S. Figueroa St Ste 4050 Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/06/13	$44.60	Wine
/ /	$	
/ /	$	

Comments:

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Name: Lorena Gonzalez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: San Diego County Regional Airport Authority
ADDRESS *(Business Address Acceptable)*: P.O. Box 82776, San Diego, CA 92138-2776
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/05/13	$ 56.00	Parking
08/07/13	$ 56.00	Parking
08/17/13	$ 56.00	Parking

► NAME OF SOURCE *(Not an Acronym)*: San Diego County Regional Airport Authority
ADDRESS *(Business Address Acceptable)*: P.O. Box 82776, San Diego, CA 92138-2776
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/19/13	$ 28.00	Parking
10/25/13	$ 56.00	Parking
10/28/13	$ 28.00	Parking

► NAME OF SOURCE *(Not an Acronym)*: San Diego County Regional Airport Authority
ADDRESS *(Business Address Acceptable)*: P.O. Box 82776, San Diego, CA 92138-2776
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/08/13	$ 28.00	Parking
11/13/13	$ 28.00	Parking
12/11/13	$ 28.00	Parking

► NAME OF SOURCE *(Not an Acronym)*: San Diego County Regional Airport Authority
ADDRESS *(Business Address Acceptable)*: P.O. Box 82776, San Diego, CA 92138-2776
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/16/13	$ 56.00	Parking
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Women in California Leadership
ADDRESS *(Business Address Acceptable)*: 400 Capitol Mall, 22nd Fl, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Public Interest

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/21/13	$ 70.52	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Planned Parenthood
ADDRESS *(Business Address Acceptable)*: 400 West 30th St, Los Angeles CA 90007
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Healthcare advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/28/13	$ 53.64	Food and Beverage
/ /	$	
/ /	$	

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Name
Lorena Gonzalez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
San Diego Imperial Counties Labor Council
ADDRESS *(Business Address Acceptable)*
3737 Camino Del Rio Suite 403 San Diego CA 92108
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Organizing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 88.99	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St, Ste 4050 Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 65.10	Flower
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Ricardo Lara for State Senate
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St, Ste 4050 Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 65.10	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Am. Fed. of State, County, and Muni Emp. Local 127
ADDRESS *(Business Address Acceptable)*
3737 Camino Del Rio Suite 403 San Diego CA 92108
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Organizing, Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	$ 102.06	Flowers
/ /	$	
/ /	$	

► 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 21 / 13	$ 131.08	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Healthcare Institute
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 1840, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 13	$ 43.50	Wine and Bag
/ /	$	
/ /	$	

Comments:

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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)*
Teamsters Joint Council Local 42
ADDRESS *(Business Address Acceptable)*
818 Oak Street, Ste 250
CITY AND STATE
Covina, CA 91742
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 06 / 21 / 13 - 06 / 21 / 13 *(If gift)* AMT: $ 445.80

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Nat. Assoc. of Latino Elected Appointed Officials
ADDRESS *(Business Address Acceptable)*
1122 W. Washington Blvd, 3rd Fl
CITY AND STATE
Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)

DATE(S): 10 / 25 / 13 - 10 / 27 / 13 *(If gift)* AMT: $ 239.80

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

☑ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Healthcare education conference - airfare

► NAME OF SOURCE *(Not an Acronym)*
Nat. Assoc. of Latino Elected Appointed Officials
ADDRESS *(Business Address Acceptable)*
1122 W. Washington Blvd, 3rd Fl
CITY AND STATE
Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 10 / 25 / 13 - 10 / 27 / 13 *(If gift)* AMT: $ 333.76

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

☑ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Healthcare education conference - Hotel

► NAME OF SOURCE *(Not an Acronym)*
Nat. Assoc. of Latino Elected Appointed Officials
ADDRESS *(Business Address Acceptable)*
1122 W. Washington Blvd, 3rd Fl
CITY AND STATE
Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 10 / 25 / 13 - 10 / 27 / 13 *(If gift)* AMT: $ 326.64

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

☑ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Healthcare education conference - Meals

Comments:

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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)

DATE(S): 12 / 05 / 13 - 12 / 06 / 13 *(If gift)* AMT: $ 256.50

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Hotel

► 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)

DATE(S): 12 / 05 / 13 - 12 / 06 / 13 *(If gift)* AMT: $ 232.94

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)*
California Issues forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 09 / 13 - 12 / 11 / 13 *(If gift)* AMT: $ 230.00

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Lodging and meals

► 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: