

RECEIVED

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**

Date Received

FEB 25 2014

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

BY: BJA

2014 FEB 26 PM 3:36

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hagman Curt C

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
State Assembly  
Division, Board, Department, District, if applicable  
55th Assembly District  
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
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- 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 \_\_\_\_\_ (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: 14

- 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. (c)(1) [Redacted]

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

Date Signed 2/25/14  
(month day, year)

(c)(1) [Redacted Signature]



**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  
Curt Hagman

**▶ 1. BUSINESS ENTITY OR TRUST**

Apex Bail Bonds, Inc.  
Name  
174 W. McKinley Ave., Pomona, CA 91709  
Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Bail Bonds

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / <u>13</u>
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>13</u>
<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 INVESTMENT  
 Partnership     Sole Proprietorship     Corporation     Other

YOUR BUSINESS POSITION President

**▶ 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

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

Check one box:  
 INVESTMENT     REAL PROPERTY

174 W. McKinley Ave., Pomona, CA 91768  
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	_____ / _____ / <u>13</u>
<input type="checkbox"/> \$10,001 - \$100,000	_____ / <u>09</u> / <u>13</u>
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED _____ DISPOSED _____
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yes remaining

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Genuine Technologies, LLC  
Name  
6023 Avenue S. #231, Galveston, TX 77551  
Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Tech Company

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / <u>13</u>
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>13</u>
<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 INVESTMENT  
 Partnership     Sole Proprietorship     Corporation     Other

YOUR BUSINESS POSITION President

**▶ 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

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**▶ 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:
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>13</u>
<input type="checkbox"/> \$10,001 - \$100,000	_____ / _____ / <u>13</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED _____ DISPOSED _____
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yes remaining

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

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
Curt Hagman

**▶ 1. BUSINESS ENTITY OR TRUST**

Kuhr Properties LLC  
Name  
39 Oceanaire, Rancho Palos Verdes, CA 90275  
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 Holdings

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/13    ____/____/13
<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 checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     LLC     Other

YOUR BUSINESS POSITION Partner-Spouse

**▶ 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

Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property  
26378 South Vermont St. Harbor City, CA

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	____/____/13    ____/____/13
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> 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

**▶ 1. BUSINESS ENTITY OR TRUST**

Lemoli South LLC  
Name  
39 Oceanaire, Rancho Palos Verdes, CA 90275  
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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/13    ____/____/13
<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 checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     LLC     Other

YOUR BUSINESS POSITION Partner-Spouse

**▶ 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

Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property  
14501-14507 1/2 Lemoli Ave, Hawthorne, CA 90275

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	____/____/13    ____/____/13
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> 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 B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Curt Hagman

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
Vacant Land- Tejon View Approx 5 Acres

CITY  
Tehachapi- Kern Co Assessor #401-260-24-00-9

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

ACQUIRED 13 / 13 / 13 DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  
 Easement  
 Leasehold \_\_\_\_\_  
 Spouse, Ownership  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

ACQUIRED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  
 Easement  
 Leasehold \_\_\_\_\_  
 Other \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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 \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ %  None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ %  None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 Vacant Land- Tejon View Approx 25 Acres

CITY  
 Tehachapi- Kern C. Assessor #401-260-09-00-6

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

ACQUIRED 13 DISPOSED 13

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 14501- 14507 1/2 Lemoli Ave

CITY  
 Hawthorne, CA

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

ACQUIRED 13 DISPOSED 13

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  Spouse, Ownership  
 \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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 \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Curt Hagman

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 Vacant land Parcel no. 303614101

CITY  
 San Bernardino County

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

ACQUIRED 13 DISPOSED 13

NATURE OF INTEREST  
 Ownership/Deed of Trust  
 Easement  
 Leasehold \_\_\_\_\_  
 Spouse, Ownership  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

ACQUIRED \_\_\_\_\_ DISPOSED 13

NATURE OF INTEREST  
 Ownership/Deed of Trust  
 Easement  
 Leasehold \_\_\_\_\_  
 \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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 \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%  None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%  None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Curt Hagman

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 4910 Oregon Ave.

CITY  
 Long Beach, CA 91709

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

ACQUIRED 13 / 13 / 13 DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold  Other  
Yrs remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
 None over 10k each

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 26378 S. Vermont Ave.

CITY  
 Harbor City, CA

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

ACQUIRED 13 / 13 / 13 DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold  Spouse, Ownership  
 Other  
Yrs remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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 \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 %  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 %  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Curt Hagman</u>

▶ NAME OF SOURCE (Not an Acronym)  
Access California Services

ADDRESS (Business Address Acceptable)  
2180 W. Crescent Ave., Suite C Anaheim, CA 92801

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Family Resource Center Civic Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 27 / 13</u>	<u>\$ 100.00</u>	<u>Food and drinks/ Gala</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Brea Chamber of Commerce

ADDRESS (Business Address Acceptable)  
1 Civic Center Circle Brea, CA 92821

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Civic Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 25 / 13</u>	<u>\$ 100.00</u>	<u>Dinner/ Gala</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
California New Car Dealers Association

ADDRESS (Business Address Acceptable)  
1415 L Street, Suite 700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 13 / 13</u>	<u>\$ 70.98</u>	<u>Dinner and Drinks</u>
<u>03 / 13 / 13</u>	<u>\$ 21.19</u>	<u>Comedian at Receptlo</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
California Refuse Recycling Council, N & S District

ADDRESS (Business Address Acceptable)  
1121 Street, Suite 505 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Recycling Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 13 / 13</u>	<u>\$ 33.74</u>	<u>Northern Trash Bash</u>
<u>05 / 13 / 13</u>	<u>\$ 33.74</u>	<u>Southern Trash Bash</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 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 06 / 13</u>	<u>\$ 80.50</u>	<u>Dinners with Governor</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Comcast Corporation/ NBC Universal

ADDRESS (Business Address Acceptable)  
100 Universal City Plaza Universal City, CA 91608

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Communications Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 25 / 13</u>	<u>\$ 78.00</u>	<u>Movie, family of 4</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Curt Hagman

▶ NAME OF SOURCE (Not an Acronym)  
 Connie Conway for Senate 2018 FPPC# 1353983

ADDRESS (Business Address Acceptable)  
 504 Van Ness Fresno, CA 93721

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	\$ 60.00	Tickets to Roast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Dan Logue

ADDRESS (Business Address Acceptable)  
 P.O. Box 1186 Willows, CA 95988

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 16 / 13	\$ 280.00	Ski Lift tickets X 4
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Distilled Spirits of the United States

ADDRESS (Business Address Acceptable)  
 1250 Eye Street N.W., St 400 Washington, DC 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 05 / 13	\$ 291.86	Spirits
01 / 30 / 13	\$ 57.57	food/reception
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Los Angeles County Fair Association

ADDRESS (Business Address Acceptable)  
 1101 W. McKinley Ave Pomona, CA 91768

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Civic Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 20 / 13	\$ 55.00	Tickets and Parking
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Los Angeles Superior Court

ADDRESS (Business Address Acceptable)  
 111 N. Hill Street, Ste 105E Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Civic Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 13	\$ 50.00	Food/Drinks/reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Major League Baseball

ADDRESS (Business Address Acceptable)  
 245 Park Ave. New York, NY 10167

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Sports League Corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 25 / 13	\$ 100.00	Dodger Merchandise
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Curt Hagman

▶ NAME OF SOURCE (Not an Acronym)  
**MillerCoors**

ADDRESS (Business Address Acceptable)  
 411 E. Wisconsin Ave Milwaukee, WI 53202

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Brewery**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 24 / 13	\$ 118.85	Beer Keg
05 / 21 / 13	\$ 88.85	Beer Keg
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Napa Valley Distillery**

ADDRESS (Business Address Acceptable)  
 225 Walnut Street Napa, CA 94559

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Wine/ spirits maker**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 13	\$ 65.00	Spirits
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Nurse Practitioners Association (Orange County Chp)**

ADDRESS (Business Address Acceptable)  
 1415 L Street, Suite 1000 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Health Organization**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 13	\$ 100.00	Dinner and drinks
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Planes of Fame Air Museum**

ADDRESS (Business Address Acceptable)  
 7000 Merrill Ave. Suite 17 Chino, CA 91710

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Museum/ civic organization**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 05 / 13	\$ 80.00	Tickets X4, air show
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Walt Disney Company**

ADDRESS (Business Address Acceptable)  
 500 South Buena Vista st. Burbank, CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Entertainment Business**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 13	\$ 92.00	Movie showing X4
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Pacific Policy Research Foundation**

ADDRESS (Business Address Acceptable)  
 101 Parkshore Dr., Ste 100 Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**501(c)(4) voter education organization - -----**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 14 / 13	\$ 25.00	Dinner and Drinks
11 / 17 / 13	\$ 368.00	Aloha Reception X4
/ /	\$	

Comments: \_\_\_\_\_

## SCHEDULE D Income - Gifts

Name  
Curt Hagman

▶ NAME OF SOURCE (Not an Acronym)  
Independent Voter Project

ADDRESS (Business Address Acceptable)  
101 W. Broadway, Suite 1460 San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501(C)(4) Voter Education Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 13</u>	<u>\$ 118.00</u>	<u>Opening Reception</u>
<u>11 / 19 / 13</u>	<u>\$ 66.40</u>	<u>Dinner X2</u>
<u>11 / 20 / 13</u>	<u>\$ 203.20</u>	<u>Dinner X4</u>

▶ NAME OF SOURCE (Not an Acronym)  
California Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)  
755 Riverpoint Drive West Sacramento, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Safety Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 13</u>	<u>\$ 210.00</u>	<u>Dinner X2</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Gary Ovitt

ADDRESS (Business Address Acceptable)  
14010 City Center Dr. Chino Hills, CA 91709

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 15 / 13</u>	<u>\$ 108.00</u>	<u>Personal Parkingx6da</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**

Name  
 Curt Hagman

- 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)  
Independent Voter Project

ADDRESS (Business Address Acceptable)  
101 W. Broadway, Suite 1460

CITY AND STATE  
San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
501(C)(4) Voter Education Organization

DATE(S) 11 / 17 / 13 - 11 / 21 / 13 AMT. \$ 2,528.06  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Hotel, Flight, and Meal Accommodations for Conference

▶ NAME OF SOURCE (Not an Acronym)  
Pacific Policy Research Foundation

ADDRESS (Business Address Acceptable)  
101 Parkshore Drive, Suite 100

CITY AND STATE  
Folsom, CA 95630

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

DATE(S) 11 / 14 / 13 - 11 / 17 / 13 AMT. \$ 1,034.38  
 (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)  
City of Los Angeles, Ontario International Airport

ADDRESS (Business Address Acceptable)  
200 N. Spring St.

CITY AND STATE  
Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Local Government

DATE(S) 01 / 01 / 13 - 12 / 31 / 13 AMT. \$ 320.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Parking Services

▶ 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: \_\_\_\_\_

RECEIVED

MAR 26 2014

BY: [Signature]

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

1. BUSINESS ENTITY OR TRUST

Apex Bail Bonds, Inc.

Name

174 W. McKinley Ave. Pomona, CA 91709

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

Bail Bonds

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE

- \$0 - \$1,999
\$2,000 - \$10,000
\$10,001 - \$100,000
\$100,001 - \$1,000,000
Over \$1,000,000

ACQUIRED 13 DISPOSED 13

NATURE OF INVESTMENT

Partnership Sole Proprietorship Corporation Other

YOUR BUSINESS POSITION President

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499
\$500 - \$1,000
\$1,001 - \$10,000
\$10,001 - \$100,000
OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

Selling of Property (BOX 4) - \$310,000.00 - Pomona Police Officer's Association

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

Check one box:

INVESTMENT REAL PROPERTY

174 W. McKinley Ave. Pomona, CA 91768

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

ACQUIRED 13 09

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partner

Leasehold Yrs. remaining Other

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

Comments:

RECEIVED FAIR POLITICAL PRACTICES COMMISSION MAR 27 PM 11:16

Filer's Verification

Print Name Curt Hagman

Office, Agency or Court Assemblymember, 55th District

Statement Type 2013/2014 Annual Annual Assuming Leaving Candidate

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 certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 03/26/2014 (month, day, year)

Filer's Signature

(c)(1)