

STATEMENT OF ECONOMIC INTERESTS

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March 3, 2014

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

MAR 3 2014

Please type or print in ink.

NAME OF FILER (LAST) Hall (FIRST) Isadore (MIDDLE) BY: [Signature]

2014 MAR -3 PM 2:01

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly
Division, Board, Department, District, if applicable 64th District
Your Position 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 (checked)
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. (checked)
-or- The period covered is through December 31, 2013.
Leaving Office: Date Left
Assuming Office: Date assumed
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: 5

- 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 (checked)
Schedule E - Income - Gifts - Travel Payments - schedule attached (checked)
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 2/28/2014 (month, day, year)

Signature

(c)(1)

SCHEDULE D
Income – Gifts

Name
Isadore Hall, III

▶ NAME OF SOURCE (Not an Acronym)
California Correctional Peace Officers Association
 ADDRESS (Business Address Acceptable)
755 Riverpoint Drive, West Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 13</u>	<u>\$ 221.24</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California State Protocol Foundation
 ADDRESS (Business Address Acceptable)
11355 W. Olympic Blvd., Los Angeles, CA 90064
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 13 / 13</u>	<u>\$ 68.53</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Dental Association
 ADDRESS (Business Address Acceptable)
1201 K Street, 14th Floor, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 12 / 13</u>	<u>\$ 42.46</u>	<u>Reception</u>
<u>05 / 23 / 13</u>	<u>\$ 17.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Check Into Cash
 ADDRESS (Business Address Acceptable)
201 Keith Street, SW, Cleveland, TN 37311
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial/Short-term lenders

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 11 / 13</u>	<u>\$ 84.29</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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
Non-Profit Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 29 / 13</u>	<u>\$ 84.50</u>	<u>Meal</u>
<u>02 / 13 / 13</u>	<u>\$ 12.20</u>	<u>Meal</u>
<u>04 / 17 / 13</u>	<u>\$ 15.00</u>	<u>Boxed Lunch</u>

▶ NAME OF SOURCE (Not an Acronym)
Cigar Association of America, Inc.
 ADDRESS (Business Address Acceptable)
818 Connecticut Ave., NW, #200, Washington, D.C.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade org of manufacturers, importers, sellers.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 01 / 13</u>	<u>\$ 207.36</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

**SCHEDULE D
Income – Gifts**

Name

Isadore Hall, III

▶ NAME OF SOURCE (Not an Acronym)
California Manufacturers & Technology

ADDRESS (Business Address Acceptable)
1115 Eleventh Street, Scaramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 13	\$ 141.54	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
FaceBook

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Social Media

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 13	\$ 50.27	Meal & Beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Commerce Hotel Casino

ADDRESS (Business Address Acceptable)
6131 E. Telegraph Rd., Commerce, CA 90040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gambling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 01 / 13	\$ 141.00	Meal & keepsake gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
International Game Technology

ADDRESS (Business Address Acceptable)
6355 S. Buffalo Drive, Las Vegas, NV 89113

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 13	\$ 64.99	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Alcohol

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 13	\$ 57.57	Meal & Beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Liberty Dental Plan

ADDRESS (Business Address Acceptable)
340 Commerce, Ste 100, Irvine, CA 92602

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 13	\$ 68.85	Reception & gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Isadore Hall, III

▶ NAME OF SOURCE (Not an Acronym)
Majestic Realty Co

ADDRESS (Business Address Acceptable)
13191 Crossroads Pkwy No., City of Industry 91746

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 28 / 13</u>	<u>\$ 188.00</u>	<u>Concert tickets **</u>
<u>07 / 27 / 13</u>	<u>\$ 252.00</u>	<u>Concert tickets **</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
State Farm

ADDRESS (Business Address Acceptable)
1201 K Street, Suite 920, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 20 / 13</u>	<u>\$ 42.18</u>	<u>Reception</u>
<u>04 / 16 / 13</u>	<u>\$ 58.20</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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

ADDRESS (Business Address Acceptable)
777 S. Figueroa St., Ste 4050, Los Angeles, CA 9001

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 12 / 13</u>	<u>\$ 66.85</u>	<u>Meal & beverage</u>
<u>02 / 26 / 13</u>	<u>\$ 74.75</u>	<u>Jacket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Toy Industry Association

ADDRESS (Business Address Acceptable)
1115 Broadway, Suite 400, New York, NY 10010

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>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Phillips 66

ADDRESS (Business Address Acceptable)
1201 K Street, Ste 1930, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy manufacturing & logistics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 22 / 13</u>	<u>\$ 315.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Zuffa, LLC

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sports promotion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 23 / 13</u>	<u>\$ 424.00</u>	<u>Event tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: ** Total Amount of tickets - \$996.00 less \$556.00 reimbursed amount. *by Member Hall*

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

Name
 Isadore Hall, III

- 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 92101

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

DATE(S): 11 / 17 / 13 - 11 / 21 / 13 AMT: \$ 2,332.15
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Accommodations, meal/Beverage in connection with making a speech & Participating in panel discussions.

▶ 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)
Non-Profit

DATE(S): 11 / 14 / 13 - 11 / 17 / 13 AMT: \$ 150.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Receptions, Meals/Beverages in connection with making a speech & participating in panel discussions.

▶ NAME OF SOURCE (Not an Acronym)
City of Los Angeles, Mayor's Office

ADDRESS (Business Address Acceptable)
1400 K Street, Suite 208

CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 01 / 02 / 13 - 03 / 31 / 13 AMT: \$ 60.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Complimentary airport parking & shuttle services provided for elected officials.

▶ 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: _____