**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
**AMENDMENT**

*Please type or print in ink.*

# STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL
PRACTICES COMMISSION
MAR 3 2014
BY: [illegible]

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2014 MAR -3 PM 2:02

| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| HOLDEN | CHRIS | R. |

## 1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable
Assembly District 41

Your Position
Assemblymember

► If filing for multiple positions, list below or on an attachment.

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 ___/___/_____, through December 31, 2012.
- [ ] **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, 2012, 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
- [x] **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 Californ

(c)(1)

Date Signed 3-3-14
(month, day, year)

Si

(File the originally signed statement with your filing official.)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**

# 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)*
CA Legislative Black Caucus Policy Institute
ADDRESS *(Business Address Acceptable)*
5471 Hillcrest Drive
CITY AND STATE
Los Angeles, CA 90043
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Leadership Symposium
DATE(S): 10 / 18 / 13 - 10 / 20 / 13 *(If gift)* AMT: $ 2,265.00
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): ___/___/___ - ___/___/___ *(If gift)* AMT: $
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): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

### Filer's Verification

**Print Name** Chris Holden
**Office, Agency or Court** California State Assembly
**Statement Type** ☒ 2012/2013 Annual ☐ Assuming ☐ Leaving ☐ ____ Annual *(yr)* ☐ 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 foregoing is true and correct.**

**Date Signed** 3-3-14
**Filer's Signatur** (c)(1)

**Comments:**

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Date Received FEB 27 2014

BY: DJH

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
**AMENDMENT**

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# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| HOLDEN | CHRIS | R. |

## 1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable
Assembly District 41

Your Position
Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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## 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, 2012, through December 31, 2012.

-or-

The period covered is ___/___/_____, through December 31, 2012.

☐ **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, 2012, 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

-or-

☐ **None** - *No reportable interests on any schedule*

5 (c)(1)

(c)(1)

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

Date Signed 2-27-14
*(month, day, year)*

*(File the originally signed statement with your filing official.)*

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**

# SCHEDULE D
## Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
David Pruitt Consulting
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 | 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) |
|---|---|---|
| / / | $ | |
| / / | $ | |
| / / | $ | |

► 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) |
|---|---|---|
| / / | $ | |
| / / | $ | |
| / / | $ | |

## Filer's Verification

**Print Name** CHRIS HOLDEN

**Office, Agency or Court** CA STATE ASSEMBLY

**Statement Type** ☒ ~~2012~~/2013 Annual ☐ Assuming ☐ Leaving
☐ ____ (yr) Annual ☐ 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 foregoing is true and correct.**

**Date Signed** 2-27-14

**Filer's Signature** (c)(1)

**Comments:**

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BY: BJH

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
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# STATEMENT OF ECONOMIC INTERESTS
## COVER PAGE

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PRACTICES COMMISSION
2014 FEB 26 PM 2:36

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| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| HOLDEN | CHRISTOPHER | R. |

### 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Assembly

Division, Board, Department, District, if applicable: Assembly District 41

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)*

- [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 ___/___/_____, 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
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- [x] **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 thi

(c)(1)

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

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

Sign
(File the originally signed statement with your filing official.)

# 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: Christopher R. Holden

### ▶ 1. BUSINESS ENTITY OR TRUST

Name: CHMB Consulting

Address (Business Address Acceptable): 589 East Jackson Street, Pasadena, CA 91104

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

GENERAL DESCRIPTION OF THIS BUSINESS: Consulting

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

### ▶ 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

☐ None

South Coast Air Quality Management District

### ▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

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

Name: _____

Address (Business Address Acceptable): _____

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

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

### ▶ 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

### ▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

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: _____

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Christopher R. Holden

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
25 West Walnut Street

CITY
Pasadena, CA 91103

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

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

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

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:** _____

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Christopher R. Holden

# SCHEDULE D
## Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Parsons
ADDRESS *(Business Address Acceptable)*
100 West Walnut Street, Pasadena, CA 91124
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 01/01/13 | $ 180.00 | Parade Tickets |
| 01/01/13 | $ 94.00 | Brunch |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Pasadena Tournament of Roses
ADDRESS *(Business Address Acceptable)*
391 South Orange Grove Blvd, Pasadena, CA 91105
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 01/01/13 | $ 370.00 | Rose Bowl Tickets |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 South Figueroa Street, #4050, LA, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 01/14/13 | $ 24.64 | Food & Beverage |
| 02/04/13 | $ 16.20 | Food & Beverage |
| 02/09/13 | $ 16.80 | Food & Beverage |

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 South Figueroa Street, #4050, LA, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02/12/13 | $ 66.85 | Food & Beverage |
| 02/26/13 | $ 88.57 | Jacket |
| 08/06/13 | $ 44.60 | Wine |

► 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
Trade Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02/11/13 | $ 40.32 | Dinner |
| 09/19/13 | $ 397.07 | Dinner/Transportation |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
CA State Protocol Foundation
ADDRESS *(Business Address Acceptable)*
11355 West Olympic Boulevard, Los Angeles, 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02/13/13 | $ 68.53 | Dinner |
| / / | $ | |
| / / | $ | |

**Comments:**

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Christopher R. Holden

# SCHEDULE D
## Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st Street, #200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02 / 26 / 13 | $ 123.94 | Dinner |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
California Poultry Association
ADDRESS *(Business Address Acceptable)*
4640 Spyres Way, Suite 4, Modesto, CA 95356
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 19 / 13 | $ 242.30 | Dinner |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
California Dairies, Inc.
ADDRESS *(Business Address Acceptable)*
2000 North Plaza Drive, Visalia, CA 93291
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 02 / 27 / 13 | $ 249.53 | Dinner |
| 02 / 27 / 13 | $ 5.28 | Reusable Bag |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
California Cattlemen's Association
ADDRESS *(Business Address Acceptable)*
1221 H Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 19 / 13 | $ 40.00 | Breakfast |
| 03 / 19 / 13 | $ 20.00 | Hat |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Nat. Assn. for the Advancement of Colored People
ADDRESS *(Business Address Acceptable)*
595 Lincoln Avenue, #103, Pasadena, CA 91103
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 10 / 13 | $ 230.00 | Framed Print |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Jin-pyng Wang, President of the Legislative Yuan
ADDRESS *(Business Address Acceptable)*
1 Chung Shang S. RD, Taipei, Taiwan, ROC
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 29 / 13 | $ 90.00 | Decorative Plate |
| / / | $ | |
| / / | $ | |

**Comments:**

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Christopher R. Holden

# SCHEDULE D
## Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Bridgepoint Education
ADDRESS *(Business Address Acceptable)*
13500 Evening Creek Drive North, San Diego, 92128
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 30 / 13 | $ 440.00 | Game Tickets |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
California Civil Justice Association
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 1850, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 08 / 14 / 13 | $ 50.56 | Dinner |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Toyota Motor North America
ADDRESS *(Business Address Acceptable)*
601 Lexington Avenue, #49, New York, NY 10022
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 06 / 26 / 13 | $ 61.44 | Dinner |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Ocean Conservancy
ADDRESS *(Business Address Acceptable)*
1300 19th Street, NW, 6th Floor, Wash, D.C. 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 09 / 05 / 13 | $ 86.60 | Reception |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
Del Mar Thoroughbred Club
ADDRESS *(Business Address Acceptable)*
P.O. Box 700, Del Mar, CA 92014
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 07 / 17 / 13 | $ 345.00 | Admission & Parking |
| / / | $ | |
| / / | $ | |

► 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:**

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Christopher R. Holden

# 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.**

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► NAME OF SOURCE *(Not an Acronym)*
Taipei Economic and Cultural Office
ADDRESS *(Business Address Acceptable)*
555 Montgomery Street
CITY AND STATE
San Francisco, CA 94111
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 03/22/13 - 03/29/13 *(If gift)* AMT: $ 6,577.00

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Member delegation to Taiwan

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► 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)
Trade Association

DATE(S): 11/15/13 - 11/16/13 *(If gift)* AMT: $ 724.05

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description

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► NAME OF SOURCE *(Not an Acronym)*
California Dental Association Foundation
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 1511
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Trade Association

DATE(S): 09/19/13 - 09/22/13 *(If gift)* AMT: $ 3,159.40

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

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description

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► 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

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**Comments:**