

STATEMENT OF ECONOMIC INTERESTS

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 FAIR POLITICAL PRACTICES COMMISSION

BY: BH

Please type or print in ink.

NAME OF FILER (LAST) JONES-SAWYER (MIDDLE) BYRON
 REGINALD

2014 MAR -3 PM 2:02

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

STATE OF CALIFORNIA

Division, Board, Department, District, if applicable

CALIFORNIA STATE ASSEMBLY

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
- 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 _____
- 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.
- 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
- 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 correct. (c)(1)

I certify under penalty of perjury under the laws

Date Signed 02/27/2014
 (month, day, year)

SCHEDULE D
Income – Gifts

Name
JONES-SAWYER

▶ **NAME OF SOURCE**
Governor Brown, CA State Protocol Foundation
 ADDRESS (Business Address Acceptable)
11355 West Olympic Blvd., Los Angeles, CA 90064
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner with Governor Jerry Brown

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 05 / 13</u>	<u>\$ 66.00</u>	<u>meal/dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ **NAME OF SOURCE**
California Poultry Federation
 ADDRESS (Business Address Acceptable)
4640 Spyles Way, Ste. 4, Modesto, CA 95356
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner Extravaganza

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 19 / 13</u>	<u>\$ 259.00</u>	<u>meal/entertainment</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ **NAME OF SOURCE**
John A. Perez for Assembly 2012
 ADDRESS (Business Address Acceptable)
777 S. Figueroa Street, #4050, LA, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 26 / 13</u>	<u>\$ 75.00</u>	<u>personalized jacket</u>
<u>06 / 18 / 13</u>	<u>\$ 16.00</u>	<u>meal/dinner</u>
<u>08 / 06 / 13</u>	<u>\$ 45.00</u>	<u>bottle of wine</u>

▶ **NAME OF SOURCE**
Comcast Corporation and Affiliated Entities
 ADDRESS (Business Address Acceptable)
2350 Kerner Blvd., Ste. 250, San Rafael, CA 94901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 02 / 13</u>	<u>\$ 74.00</u>	<u>meal/dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ **NAME OF SOURCE**
Los Angeles Superior Court
 ADDRESS (Business Address Acceptable)
111 North Hill Street, Los Angeles, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 08 / 13</u>	<u>\$ 50.00</u>	<u>meal/drinks</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ **NAME OF SOURCE**
Apartment Association of Greater Los Angeles
 ADDRESS (Business Address Acceptable)
621 S. Westmoreland Ave, W. LA, CA 90005
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 16 / 13</u>	<u>\$ 61.00</u>	<u>meal/dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
JONES-SAWYER

▶ NAME OF SOURCE
Monterey Bay Aquarium Foundation
 ADDRESS (Business Address Acceptable)
886 Cannery Row, Monterey, CA 93940
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 16 / 13</u>	<u>\$ 115.46</u>	<u>meal/sea food</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Association for Los Angeles Deputy Sheriffs
 ADDRESS (Business Address Acceptable)
2 Cupania Circle, Monterey Park, CA 91755
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Awards Banquet

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 08 / 13</u>	<u>\$ 50.00</u>	<u>meal/entertainment</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Los Angeles County Medical Association
 ADDRESS (Business Address Acceptable)
3700 Wilshire Blvd, Ste 3800, LA, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 18 / 13</u>	<u>\$ 60.00</u>	<u>meal/dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
The Del Mar Thoroughbred Club
 ADDRESS (Business Address Acceptable)
P.O. Box 700, Del Mar, CA 92014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
2013 Race Meet

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 17 / 13</u>	<u>\$ 345.00</u>	<u>entertainment/meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Phillips 66
 ADDRESS (Business Address Acceptable)
1201 K Street, Ste 1930, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 29 / 13</u>	<u>\$ 135.42</u>	<u>meal/dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
University of Southern California
 ADDRESS (Business Address Acceptable)
3551 Trousdale Parkway, Ste. 260, LA CA 90089
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
President's Football Party & Game

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 13</u>	<u>\$ 204.00</u>	<u>meal/ticket to game</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
JONES-SAWYER

▶ NAME OF SOURCE
CA Manufacturers and Technology Association
 ADDRESS (Business Address Acceptable)
1115 Eleventh Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner In Hawaii at Spago

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 13</u>	<u>\$ 141.00</u>	<u>meal/dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 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
California Correctional Peace Officers Association
 ADDRESS (Business Address Acceptable)
755 Riverpoint Drive, West Sacramento, CA 95605
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner in Hawali at Sorento's

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 13</u>	<u>\$ 221.00</u>	<u>meal/dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 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

 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

 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
 JONES-SAWYER

- 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 West Broadway, Suite 1460

CITY AND STATE
 San Diego, CA 92101

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

DATE(S): 11 / 17 / 13 - 11 / 21 / 13 AMT: \$ 2,050.00
 (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, Office of the Mayor

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

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Airport Parking & Shuttle Service

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 360.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Parking for Official Business

▶ NAME OF SOURCE (Not an Acronym)
 The Jewish Federation of Greater Los Angeles

ADDRESS (Business Address Acceptable)
 6505 Wilshire Blvd

CITY AND STATE
 Los Angeles, CA 90048

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

DATE(S): 12 / 08 / 13 - 12 / 16 / 13 AMT: \$ 4,495.00
 (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: _____