

MAR 3 2014

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION



BY: BPH

2014 MAR 3 PM 2:02

Please type or print in ink.

NAME OF FILER (LAST) Eric (FIRST) F. (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

60th Assembly District

Your Position

State Assemblyman

► 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: 8

- 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 have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California

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

(c)(1) [Redacted Signature]

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

SCHEDULE D
Income – Gifts

Name
 Eric Linder

▶ NAME OF SOURCE *(Not an Acronym)*
Monday Morning Group

ADDRESS *(Business Address Acceptable)*
 Riverside Ca, 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit 501(c) (4)

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 28 / 13 | \$ 109.77 | Dinner @ Mortons |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ 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
 Non-profit

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 11 / 13 | \$ 55.29 | Dinner w/ Gov. Brown |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

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

ADDRESS *(Business Address Acceptable)*
 1415 L St, Suite 700, Sacramento, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Car sales

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 13 / 13 | \$ 70.98 | Food/Dinner |
| 03 / 13 / 13 | \$ 21.19 | Comedy Entertainment |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
Wells Fargo

ADDRESS *(Business Address Acceptable)*
 45 Fremont St, San Francisco, Ca 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Banking

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 03 / 19 / 13 | \$ 119.33 | Dinner - Blackbird |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
Riverside County Medical Association

ADDRESS *(Business Address Acceptable)*
 3993 Jurupa Ave., Riverside, Ca 92560

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Medical services

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 15 / 13 | \$ 74.50 | Association Dinner |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
San Diego Apartment Association

ADDRESS *(Business Address Acceptable)*
 5675 Ruffin Rd, Suite 310, San Diego, Ca 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Rental housing

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 16 / 13 | \$ 105.98 | Dinner - Ella |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Eric Linder

▶ NAME OF SOURCE (Not an Acronym)
 Dart Container Corporation

ADDRESS (Business Address Acceptable)
 4000 Barranca Parkway, Irvine, Ca 92604

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Food service packaging

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 04 / 17 / 13 | \$ 55.08 | Dinner - Broiler |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
 CTIA Association

ADDRESS (Business Address Acceptable)
 1400 16th St NW, Suite 600, Washington D.C. 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|-----------|------------------------|
| 04 / 24 / 13 | \$ 275.00 | Dinner - Kitchen |
| 04 / 30 / 13 | \$ 5.00 | Ice Cream Social |
| ____ / ____ / ____ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
 California Association of Realtors

ADDRESS (Business Address Acceptable)
 525 South Virgil Ave, Los Angeles, Ca 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Real estate

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 05 / 01 / 13 | \$ 59.00 | Reception |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

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

ADDRESS (Business Address Acceptable)
 1215 K St, Suite 1400, Sacramento, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 05 / 21 / 13 | \$ 30.67 | Reception |
| 05 / 22 / 13 | \$ 21.24 | Host Breakfast |
| ____ / ____ / ____ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
 Connie Conway

ADDRESS (Business Address Acceptable)
 Visalia, Ca 93290

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|------------------------|
| 05 / 28 / 13 | \$ 60.00 | Ticket - Ca Roast |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
 California Healthcare Institute

ADDRESS (Business Address Acceptable)
 888 Prospect St, Suite 220, La Jolla, Ca 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit 501 (c)(6)

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|-----------|------------------------|
| 09 / 10 / 13 | \$ 209.73 | Dinner - Lucca |
| 12 / 05 / 13 | \$ 43.50 | Gift Bag |
| ____ / ____ / ____ | \$ _____ | _____ |

Comments: _____

SCHEDULE D Income – Gifts

| |
|--|
| CALIFORNIA FORM 700 |
| <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name Eric Linder |

▶ NAME OF SOURCE *(Not an Acronym)*
Allergan, Inc.

ADDRESS *(Business Address Acceptable)*
2530 Kerner Blvd, Suite 250, San Rafael, Ca 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceuticals

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 29 / 13 | \$ 89.32 | Tour/gift bag |
| | \$ | |
| | \$ | |

▶ 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) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

▶ 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: _____

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

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Eric Linder |
|--|

- 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)
 455 Capitol Mall, Suite 600

CITY AND STATE
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Non profit 501 (c)(6)

DATE(S): 12 / 05 / 13 - 12 / 06 / 13 AMT: \$ 489.44
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

CHI Inaugural Life Sciences Academy at Villagio Inn & Spa

▶ 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 _____

▶ 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 _____

▶ 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: _____