

STATEMENT OF ECONOMIC INTERESTS

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BY: BRH



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NAME OF FILER (LAST) 2014 FEB 26 PM 2:36 (FIRST) Brian (MIDDLE) K

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CA State Assembly

Division, Board, Department, District, if applicable

77th District

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 ____/____/____
- 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: 4

- 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. Verification

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

Date Signed 02/26/2014
(month, day, year)

**SCHEDULE D
Income – Gifts**

Name
Maienschein

▶ NAME OF SOURCE (Not an Acronym)
University of California San Diego Health System

ADDRESS (Business Address Acceptable)
200 W Arbor Drive, San Diego, CA 92103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 13	\$ 150.00	Meal at 2-1-1 luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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	Meal at Gov Mansion
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Hospital Association

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 30.09	Breakfast at Sheraton
09 / 05 / 13	\$ 52.00	Dinner at Bistro Michel
___ / ___ / ___	\$ _____	_____

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

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 / 09 / 13	\$ 50.00	Prayer Breakfast ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
San Diego County Taxpayers Association

ADDRESS (Business Address Acceptable)
707 Broadway, Suite 905, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 09 / 13	\$ 65.00	Meal at Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
San Diego County

ADDRESS (Business Address Acceptable)
1600 Pacific Highway, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 29 / 13	\$ 79.09	Dinner at Esquire Grill
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
Maienschein

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

ADDRESS *(Business Address Acceptable)*
5675 Ruffin Road, Suite 310, San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Housing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 10 / 13	\$ 51.00	Lunch at SD Marriott
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Associated General Contractors of San Diego

ADDRESS *(Business Address Acceptable)*
6212 Ferris Square, San Diego, CA 92121

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 13	\$ 65.00	Lunch at SD Hilton
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Comcast Corporation

ADDRESS *(Business Address Acceptable)*
1 Comcast Ctr, 1701 JFK Blvd #49.105, Philadelphia,

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 13	\$ 252.96	SF Giants game
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Perea for Assembly 2014

ADDRESS *(Business Address Acceptable)*
3605 Long Beach Blvd #426, Long Beach, CA 90807

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 13	\$ 79.87	Dinner at Aioli
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

Name
 Maienschein

- 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)
San Diego County Regional Airport Authority

ADDRESS (Business Address Acceptable)
PO Box 82776

CITY AND STATE
San Diego, CA 92138-2776

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

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 4,456.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Parking at the SD Airport for 2013

▶ 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: _____