CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Received
Official Use Only
MAR 3 2014
BY:

COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 MAR -3 PM 3:55

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Mansoor	Allan	R.

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: Assembly District 74

Your Position: Assembly 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)*

- [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:*** 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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5. Verification

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

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

Signature

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Allan Mansoor

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: CA STATE PROTOCOL FOUNDATION
ADDRESS *(Business Address Acceptable)*: 11355 W. Olympic Blvd., LA, CA 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Funding + Facilitating State Protocol Events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/11/13	$ 55.29	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Lee Kaplan
ADDRESS *(Business Address Acceptable)*: 2438 Hardwood Hills Lane, Charolette, NC
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/3/13	$ 50	Wedding Gift Card
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Gregg + Evelyn Wood
ADDRESS *(Business Address Acceptable)*: 950 Magellan St., Costa Mesa CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/3/13	$ 100	Wedding Gift Card
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Diane Harkey
ADDRESS *(Business Address Acceptable)*: State Capitol Rm 4116, Sacramento CA 94249
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Assemblywomen, AD 73

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/3/13	$ 125.00	Wedding Gift - cash
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Jeanie Matten
ADDRESS *(Business Address Acceptable)*: 6 Springflower, Irvine CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/3/13	$ 50.00	Wedding Gift - CASH
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Laurie + Eric Giunner
ADDRESS *(Business Address Acceptable)*: 2685 White Oaks Dr, Laguna Hills CA 926
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/3/13	$ 100	Wedding Gift - comforte
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Allan Mansoor

SCHEDULE D
Income – Gifts

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)
Agnes + Jim Walker	2300 MAPLE AVE UNIT 89, TORRANCE, CA 90503		8/3/13	$ 65.00	Wedding Gift Card
Marshall + Joyce Lynn	1388 Pacific Way Laguna Beach CA 9265		8/3/13	$ 100.00	Wedding Gift Card
Shannon Grove	State Capitol CA 94249	Assemblywoman - AD 34	8/3/13	$ 100.00	Wedding Gift Card
Bill McCullough	2751 Bayshore Dr., NEWPORT BEACH CA 92663	Media / MARKETING	~~8/21/13~~ 1/21/13	$ 435.00	Golf for Charitable Organiz
			/ /	$	
			/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Allan Mansoor

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.**

► NAME OF SOURCE *(Not an Acronym)*
John Wayne Airport
ADDRESS *(Business Address Acceptable)*
3160 Airway Ave
CITY AND STATE
Costa Mesa, California
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Transportation
DATE(S): 01/01/13 - 12/31/13 *(If gift)* AMT: $ 500.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Gift of parking for traveling to and from legislative functions

---

► 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

► 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

Comments: