

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Melendez Melissa A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 California State Assembly
 Division, Board, Department, District, if applicable
 District 67
 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)

- 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. (c)(1)

herein and in any attached schedules is true and complete. I acknowledge this is
 I certify under penalty of perjury under the laws of the State of California that

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

(c)(1)
 Signature _____
 (File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Melissa A. Melendez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
8 Bella Caserta

CITY
Lake Elsinore

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 13
 \$10,001 - \$100,000 _____ / ____ / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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
Jason Vega

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 13
 \$10,001 - \$100,000 _____ / ____ / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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 TERM (Months/Years)
 _____ % None _____

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 TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Melissa A. Melendez

▶ 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
Private Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 28 / 13</u>	<u>\$ 474.00</u>	<u>*2 basketball tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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

ADDRESS (Business Address Acceptable)
4000 Barranca Parkway, Suite 250, Irvine, 92604

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Food Service Packaging

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 17 / 13</u>	<u>\$ 55.08</u>	<u>Food and Beverages</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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

ADDRESS (Business Address Acceptable)
4148 E. Commerce Way, Sacramento, 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 03 / 13</u>	<u>\$ 32.68</u>	<u>Food and Beverages</u>
<u>09 / 03 / 13</u>	<u>\$ 40.09</u>	<u>Baseball Jersey</u>
<u> / / </u>	<u>\$</u>	<u></u>

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

ADDRESS (Business Address Acceptable)
980 9th Street, Suite 1430, Sacramento, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 13</u>	<u>\$ 59.00</u>	<u>Food and Beverages</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 13</u>	<u>\$ 42.57</u>	<u>Food and Beverages</u>
<u>05 / 08 / 13</u>	<u>\$ 52.09</u>	<u>Food and Beverages</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Personal Care Products Council

ADDRESS (Business Address Acceptable)
1101 17th Street, NW, Suite 300, Washington, D.C.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cosmetics and personal care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 29 / 13</u>	<u>\$ 211.49</u>	<u>Cosmetic Products</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: *A reimbursement check for \$34 was sent to Bridgepoint Education on 4/04/13 to pay down the \$474.00 Attention: Michelle Matter at the above address. The 2 tickets were for Ohio State vs Arizona at Staples Center in downtown Los Angeles

SCHEDULE D
Income – Gifts

Name
 Melissa A. Melendez

▶ NAME OF SOURCE (Not an Acronym)
 Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)
 1932 Wildcat Canyon Road, Lakeside, 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 15 / 13	\$ 72.26	Food and Beverages
/ /	\$	
/ /	\$	

▶ 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)
 Pala Band of Mission Indians

ADDRESS (Business Address Acceptable)
 35008 Pala Temecula Road, PMB 50 Pala, 92059

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 21 / 13	\$ 63.04	Food and Beverages
/ /	\$	
/ /	\$	

▶ 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)
 California State Protocol Foundation

ADDRESS (Business Address Acceptable)
 11355 West Olympic Boulevard, Los Angeles, 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 11 / 13	\$ 55.29	Food and Beverages
/ /	\$	
/ /	\$	

▶ 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: _____