

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

MAR 3 2014

RECEIVED
COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

BY: BJA

Please type or print in ink.

NAME OF FILER (LAST) Nestande
2014 MAR -3 PM 2:02
Brian Ken
(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly
Division, Board, Department, District, if applicable
District 42
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: 6

- 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)

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

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

Signature

(Print the properly signed statement with your filing official.)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Nostandte</u>

▶ NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS
Stock

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 13 01 / 01 / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
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GENERAL DESCRIPTION OF THIS BUSINESS

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 \$2,000 - \$10,000 \$10,001 - \$100,000
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NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 13 / / 13
 ACQUIRED DISPOSED

Comments: _____

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Nestande</u>
--

▶ NAME OF SOURCE (Not an Acronym)
California State Protocol Foundatin

ADDRESS (Business Address Acceptable)
11355 W. Olympic Blvrd. Los Angeles Ca 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 11 / 13</u>	\$ <u>55.29</u>	<u>Dinner</u>
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
3993 Jupuma Ave Riverside, Ca 92506

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 13</u>	\$ <u>74.50</u>	<u>Meal and Drink</u>
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

▶ 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)
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

▶ 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)
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

▶ 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)
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

▶ 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)
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____
<u> / / </u>	\$ _____	_____

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Nestande

- 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)
EdVoice Institute

ADDRESS (Business Address Acceptable)
1107 9th Street Suite 680

CITY AND STATE
Sacramento CA 95814

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

DATE(S): 08 / 01 / 13 - 08 / 02 / 13 AMT: \$ 515.20
 (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)
Pacific Policy Research Foundation

ADDRESS (Business Address Acceptable)
101 Parkshore Dr. Sulet 100

CITY AND STATE
Folsom, Ca 95630

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

DATE(S): 08 / 08 / 13 - 08 / 11 / 13 AMT: \$ 4,355.04
 (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

ADDRESS (Business Address Acceptable)
200 N Spring St

CITY AND STATE
Los Angeles, Ca 90012

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

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 2,100.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Airport parking & shuttle services for official business only

▶ 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: _____