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BY: BJH

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
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)
Perez	Victor	Manuel

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: Assembly district 56

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)*

- [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:*** 2

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

-or-

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

5.

herein and in any attached schedules is true and complete. I acknowledge this is a

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

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

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

- **You must 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)*
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)

DATE(S): 01/01/13 - 12/31/13 *(If gift)* AMT: $ 1,650.00

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

Filer's Verification

Print Name Victor Manuel Perez

Office, Agency or Court California State Assembly

Statement Type ☐ 2013/2014 Annual ☐ Assuming ☐ Leaving
☒ 2013 *(yr)* Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-7-14

Filer's Signatur (d)(5)

Comments: This is an estimated value based on the number of days Assemblymember Perez believes he used the Ontario airport due to a lack of official recording of the information by the Ontario airport management. Ontario parking management provided the $10.00 per day cost of the service.

RECEIVED

Date Received
Official Use Only
FEB 25 2014
BY: [illegible]

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 14 FEB 25 AM 11:26

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Perez	Victor	Manuel

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: Assembly district 56

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)*

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- [ ] 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
- [x] **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

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-24-14 *(month, day, year)*

Signature (d)(5)

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

<BLUE> is a required field

** Select from drop down list*

**You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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:

1. Income Received

NAME AND ADDRESS OF SOURCE	BUSINESS ACTIVITY, IF ANY	YOUR BUSINESS POSITION	GROSS INCOME RECEIVED*	CONSIDERATION FOR WHICH INCOME WAS RECEIVED* (if "other," describe)
Desert Moon Development LLC, 77-900 Avenue of the States, Palm Desert, CA	Property Management		$10,001-$100,000	Spouse's or registered domestic partner's income

2. Loans Received or Outstanding

NAME AND ADDRESS OF LENDER** *(Business Address Acceptable)* AND GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	HIGHEST BALANCE*	INTEREST RATE (%)	TERM (Mos/Yrs)	SECURITY FOR LOAN REAL PROPERTY ADDRESS/OTHER INFORMATION*

Schedule D
Income - Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
California State Protocol Foundation	11355 West Olympic Blvd. Los Angeles, CA	90064		02/05/13	$ 65.92	Meal
Microsoft Corporation	One Microsoft Way Redmond, WA	98052-7329		11/18/13	$ 131.38	Meal
California Issues Forum	1717 I st Sacramento,CA	95811	nonprofit organization	02/13/13	$ 12.20	Meal
California Issues Forum	1717 I st Sacramento,CA	95811	nonprofit organization	01/29/13	$ 84.50	Meal
California Latino Caucus Leadership PAC	400 Capitol Mall, 22nd floor Sacramento,CA	95814		01/24/13	$ 131.76	engraved wooden box
Riverside County Medical Association	3993 Jurupa Ave. Riverside,CA	92506		04/15/13	$ 74.50	Meal
Pepsico Incorporated and Affiliated Entities	17717 Aliso Creek Rd. Aliso Viejo,CA	92656		06/30/13	$ 179.98	Meal
San Manuel Band of Mission Indians	26569 Community Center Drive Highland, CA	92346		10/21/13	$ 57.49	Meal
Pechanga Band of Luiseno Mission Indians	P.O. Box 1477 Temecula,CA	92593		03/16/13	$ 212.34	Dinner
League of California Cities- Latino Caucus	770 L st suite 1030 Sacramento,CA	95814		04/24/13	$ 50.37	Meal
California Latino Caucus Leadership PAC	400 Capitol Mall, 22nd floor Sacramento,CA	95814		02/28/13	$ 86.74	portfolio
California Latino Caucus Leadership PAC	400 Capitol Mall, 22nd floor Sacramento,CA	95814		05/02/13	$ 155.00	tie
Latino Legislative Caucus foundation	1001 K st, 6th floor Sacramento,CA	95814		05/06/13	$ 142.77	framed poster
John A. Pérez for Assembly 2012	777 South Figueroa st. Suite 4050 Los Angeles,CA	90017		02/26/13	$ 74.75	personalized jacket
California Democatic Party	1401 21st st, #200 Sacramento,CA	95811		02/26/13	$ 123.94	Dinner
John A. Pérez for Assembly 2012	777 South Figueroa st. Suite 4050 Los Angeles,CA	90017		02/12/13	$ 66.85	Meal
Viejas Band of Kumeyaay Indians	500 Willows Rd Alpine,CA	91901		03/23/13	$ 252.87	Meal

SCHEDULE E

Income - Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

<BLUE> is a required field

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NAME AND ADDRESS OF SOURCE *(Business Address Acceptable)*	BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3)	DATE(S) (mm/dd/yy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	MADE A SPEECH/ PARTICIPATED IN A PANEL	DESCRIPTION
California Tribal Business Alliance- 1530 J st., suite 410 Sacramento,CA 95814			7/31/2013	$ 265.40	gift	yes	Made a Speech/Partcipated in a panel
Independent Voter Project 101 West Broadway, suite 1460 San Diego,CA 92101			11/17/13-11/21/13	$ 2,697.20	gift		travel, meals and accomodations