RECEIVED

Date Received
Official Use Only
MAY 30 2014
BY:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

*Please type or print in ink.*

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Salas Rodolfo (Rudy)

## 1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: District 32

Your Position: Assembly Member

▶ If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 JUN -2 PM 2:32

## 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 ___/___/_____

☐ **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.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

## 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
☑ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

(c)(1)

(c)(1)

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

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

**Date Signed** 5/30/2014 (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)*
American Israel Education Foundation
ADDRESS *(Business Address Acceptable)*
251 H Street NW
CITY AND STATE
Washington, DC
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Education Foundation
DATE(S): 10/19/13 - 10/27/13 *(If gift)* AMT: $ 12,736.93
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Latino Leaders Educational Seminar to Israel
Airfare, Hotel and Meals

► 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** Rodolfo (Rudy) Salas
**Office, Agency or Court**
**Statement Type** ☒ 2012/2013 Annual ☐ Assuming ☐ Leaving
☐ ____ *(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** 5/30/14
**Filer's Signature** (c)(1)

**Comments:**

RECEIVED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

# STATEMENT OF ECONOMIC INTERESTS
## COVER PAGE

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 MAR 28 PM 2:51

Date Received
Official Use Only
MAR 27 2014
BY: BJH

*Please type or print in ink.*

NAME OF FILER (LAST) Salas (FIRST) Rodolfo (Rudy) (MIDDLE)

### 1. Office, Agency, or Court

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

- [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
- [x] **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

(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 tha

(c)(1)

Date Signed 3/27/14 (month, day, year) Signatu

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
**AMENDMENT**

# SCHEDULE A-2
## Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

**▶ 1. BUSINESS ENTITY OR TRUST**

New Horizon Consulting
Name

1200 S. Chester Ave, Bakersfield Ca 93304
Address *(Business Address Acceptable)*

*Check one*
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
Consulting

FAIR MARKET VALUE
☐ $0 - $1,999
☒ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☒ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE** (attach a separate sheet if necessary)

☐ None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

*Check one box:*
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____
☐ Check box if additional schedules reporting investments or real property are attached

**Comments:**

## Filer's Verification

**Print Name** Rudolfo ( Rudy) Salas Jr.

**Office, Agency or Court** State Assembly

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

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 t**

(c)(1)

**Date Signed** 3/21/14 *(month, day, year)* **Filer's Signature**

RECEIVED

Date Received
Official Use Only
FEB 25 2014
BY:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS
## COVER PAGE

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 FEB 26 PM 2:36

TM

*Please type or print in ink.*

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Salas Jr Rodolfo (Rudy)

## 1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: District #32

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 ___/___/_____

☐ **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.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

## 4. Schedule Summary

*Check applicable schedules or "None."*

► *Total number of pages including this cover page:* 7

☐ **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

(c)(1)

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

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

(c)(1)

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

Signature

# SCHEDULE A-2
## Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Rodolfo (Rudy) Salas Jr.

### ▶ 1. BUSINESS ENTITY OR TRUST

Name: New Horizon Consulting

Address *(Business Address Acceptable)*: 1200 So. Chester Ave.,Bakersfield, CA 93304

*Check one*
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS: Consulting

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION: Owner

### ▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

### ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

### ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

*Check one box:*
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

### ▶ 1. BUSINESS ENTITY OR TRUST

Name: _____

Address *(Business Address Acceptable)*: _____

*Check one*
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION: _____

### ▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

### ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

### ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

*Check one box:*
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Rodolfo (Rudy) Salas Jr.

# SCHEDULE D
## Income – Gifts

**NAME OF SOURCE** *(Not an Acronym)*: California Democratic Party
ADDRESS *(Business Address Acceptable)*: 1401 21st Street #200 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Democratic Party

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 12/05/13 | $ 95.19 | Meeting/Meals |
| 02/26/13 | $ 123.94 | Dinner |
| / / | $ | |

**NAME OF SOURCE** *(Not an Acronym)*: John Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*: 777 South Figueroa, Ste. 4050, Los Angeles CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Candidate Committee

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 06/14/13 | $ 136.16 | Dinner |
| 02/26/13 | $ 74.75 | Personalized Jacket |
| / / | $ | |

**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: Nonprofit for official Protocol Event 501(c) (3)

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 01/30/13 | $ 70.75 | Dinner |
| / / | $ | |
| / / | $ | |

**NAME OF SOURCE** *(Not an Acronym)*: California Latino Caucus Leadership PAC
ADDRESS *(Business Address Acceptable)*: 400 Capitol Mall, 22nd Fl. Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Leadership PAC

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 05/02/13 | $ 115.00 | Tie |
| / / | $ | |
| / / | $ | |

**NAME OF SOURCE** *(Not an Acronym)*: California Dental Association
ADDRESS *(Business Address Acceptable)*: 1201 K Street, 14th Fl. Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 06/13/13 | $ 114.14 | Dinner |
| / / | $ | |
| / / | $ | |

**NAME OF SOURCE** *(Not an Acronym)*: U.S. Borax Inc.
ADDRESS *(Business Address Acceptable)*: 14486 Borax Road, Boron, CA 93516
BUSINESS ACTIVITY, IF ANY, OF SOURCE: California Corporation

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 04/08/13 | $ 126.35 | Dinner |
| / / | $ | |
| / / | $ | |

**Comments:**

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Rodolfo (Rudy) Salas Jr.

# SCHEDULE D
## Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Viejas Band of Kumeyaay Indians
ADDRESS *(Business Address Acceptable)*
5000 Willow Road, Alpine, CA 91901
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Native Indian Tribe

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 23 / 13 | $ 168.58 | Dinner |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
California Poultry
ADDRESS *(Business Address Acceptable)*
P.O. Box 942849 Rm. 4162, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 03 / 19 / 13 | $ 242.30 | Dinner |
| / / | $ | |
| / / | $ | |

► 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) |
|---|---|---|
| / / | $ | |
| / / | $ | |
| / / | $ | |

► 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:**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Rodolfo (Rudy) Salas Jr.

# 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)*
Latino Water Coalition
ADDRESS *(Business Address Acceptable)*
1215 K Street, 17th Floor
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Nonprofit Organization
DATE(S): 11 / 09 / 13 - ___/___/___ *(If gift)* AMT: $ 109.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

---

▶ NAME OF SOURCE *(Not an Acronym)*
California Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Nonprofit Organization 501 (c) (4)
DATE(S): 12 / 09 / 13 - 12 / 11 / 13 *(If gift)* AMT: $ 820.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

---

▶ NAME OF SOURCE *(Not an Acronym)*
California Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Nonprofit Organization 501 (c) (4)
DATE(S): 02 / 08 / 13 - ___/___/___ *(If gift)* AMT: $ 25.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

---

▶ NAME OF SOURCE *(Not an Acronym)*
California Independent Petroleum Association
ADDRESS *(Business Address Acceptable)*
1001 K Street, Sixth Floor
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Business Organization
DATE(S): 11 / 15 / 13 - ___/___/___ *(If gift)* AMT: $ 724.05
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

**Comments:**

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Rodolfo (Rudy) Salas Jr.

# 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)*
Cooperativa - Campestina de California
ADDRESS *(Business Address Acceptable)*
1107 9th Street, Suite 420
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Nonprofit Organization
DATE(S): 10/22/13 - ___/___/___ *(If gift)* AMT: $ 379.75
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Award

▶ 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:**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Rodolfo (Rudy) Salas Jr.

# SCHEDULE D
## Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Latino Caucus Leadership PAC
ADDRESS *(Business Address Acceptable)*
400 Capitol Mall, 22nd FL. Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Leadership PAC

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 01 / 24 / 13 | $ 131.76 | Personalized Box |
| 02 / 28 / 13 | $ 86.74 | Portfolio |
| / / | $ | |

► NAME OF SOURCE *(Not an Acronym)*
The Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*
1001 K Street, 6th FL. Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foundation

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 05 / 06 / 13 | $ 142.77 | Framed Poster |
| / / | $ | |
| / / | $ | |

► 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) |
|---|---|---|
| / / | $ | |
| / / | $ | |
| / / | $ | |

► 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:**