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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SKINNER	NANCY	CATHERINE

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CA STATE ASSEMBLY

Division, Board, Department, District, if applicable

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

-or-

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

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

Date Signed 02/27/2014 *(month, day, year)* **Signatur**

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
NANCY SKINNER

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st Street, Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Assembly Democratic Caucus Summit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	$ 123.94	Meal
12 / 05 / 13	$ 95.19	Meal
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California State Protocol Foundation
ADDRESS *(Business Address Acceptable)*
11355 W. Olympic Blvd, Los Angeles CA 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Governor Brown dinner w/ Members of the Assembly

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

► NAME OF SOURCE *(Not an Acronym)*
John A. Pérez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St, # 4050, Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 13	$ 41.51	Meal
06 / 05 / 13	$ 40.14	Meal
06 / 14 / 13	$ 136.16	Meal

► NAME OF SOURCE *(Not an Acronym)*
Global Automakers *
ADDRESS *(Business Address Acceptable)*
1050 K Street, NW, Suite 650, Washington DC 20001
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 13	$ 114.70	Meal*
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
John A. Pérez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St, # 4050, Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	$ 74.75	Personalized jacket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Women in California Leadership
ADDRESS *(Business Address Acceptable)*
400 Capitol Mall, 22nd Floor, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Women's Caucus Speaker Series

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 13	$ 70.52	Meal
/ /	$	
/ /	$	

Comments: *Cost of meal reimbursed to Global Automakers after 30 days.

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

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Community Conservation Center ~~Berkeley~~ Inc. N.S.

ADDRESS (Business Address Acceptable)
669 Gilman Street, Berkeley CA 94710

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Spouses compensation from non-profit board.

YOUR BUSINESS POSITION
Board Member (spouse)

GROSS INCOME RECEIVED
☒ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ (Real property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of $10,000 or more
☐ Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ (Real property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of $10,000 or more
☐ Other _____ (Describe)

Comments: _____

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ Street address
_____ City
☐ Guarantor _____
☐ Other _____ (Describe)

Filer's Verification

Print Name NANCY SKINNER **Office, Agency or Court** CA STATE ASSEMBLY

Statement Type ☒ 2013/2014 Annual ☐ _____ (yr) Annual ☐ Assuming ☐ Leaving ☐ 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 (d)(5)

Date Signed 03/03/2014 (month, day, year) **Filer's Signatu**