

STATEMENT OF ECONOMIC INTERESTS

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MAR 3 2014

STATE OF CALIFORNIA  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

2014 MAR -3 PM 3:56



BY: *PK*

Please type or print in ink.

NAME OF FILER (LAST) Ting (FIRST) Philip (MIDDLE) Y

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

District 19

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)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.  The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  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 C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule

5. [Redacted area]

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

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

Date Signed *March 3, 2014*  
(month, day, year)

Signature





**SCHEDULE D  
Income – Gifts**

Name

Philip Y Ting

▶ NAME OF SOURCE (Not an Acronym)  
**CA Beer & Beverage Distributors**

ADDRESS (Business Address Acceptable)  
**1415 L St, #890, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 10 / 13	\$ 92.66	beverages
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**CA Democratic Party**

ADDRESS (Business Address Acceptable)  
**1404 21st St, #200, Sacramento, CA 95811**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Government**

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)  
**CA State Protocol Foundation**

ADDRESS (Business Address Acceptable)  
**11355 W Olympic Blvd, Los Angeles, CA 90064**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Nonprofit Organization**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 13	\$ 68.53	meal
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**CA Trucking Association**

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 13	\$ 160.00	golf
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Jin-pyng Wang**

ADDRESS (Business Address Acceptable)  
**Legislative Yuan 1, Chung Shang S Rd, Taipei, Taiwan**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 29 / 13	\$ 90.00	decorative plate
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**San Francisco Airport Commission**

ADDRESS (Business Address Acceptable)  
**PO Box 8097, San Francisco, CA 94128**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Government**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 31 / 13	\$ 231.00	parking
	\$	
	\$	

Comments: \_\_\_\_\_

**SCHEDULE D  
Income – Gifts**

Name

Philip Y Ting

▶ NAME OF SOURCE (Not an Acronym)  
John A Perez for Assembly 2012

ADDRESS (Business Address Acceptable)  
777 S Figueroa St, #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 13	\$ 16.20	food & beverage
02 / 12 / 13	\$ 66.85	food & beverage
02 / 26 / 13	\$ 74.75	personalized jacket

▶ NAME OF SOURCE (Not an Acronym)  
CA Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)  
755 Riverpoint Drive, West Sacramento, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 13	\$ 247.50	golf
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
John A Perez for Assembly 2012

ADDRESS (Business Address Acceptable)  
777 S Figueroa St, #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 29 / 13	\$ 23.51	food & beverage
06 / 14 / 13	\$ 136.16	meal
07 / 01 / 13	\$ 37.16	meal

▶ NAME OF SOURCE (Not an Acronym)  
Governor's Cup Foundation

ADDRESS (Business Address Acceptable)  
755 Riverpoint Drive, West Sacramento, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 13	\$ 247.50	golf
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
John A Perez for Assembly 2012

ADDRESS (Business Address Acceptable)  
777 S Figueroa St, #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 06 / 13	\$ 44.60	bottle of wine
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
CA Tribal Business Alliance

ADDRESS (Business Address Acceptable)  
1530 J St, # 410, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 31 / 13	\$ 132.70	meal
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Philip Y Ting
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- 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)  
 CA Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)  
 755 Riverpoint Drive

CITY AND STATE  
 West Sacramento, CA

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

DATE(S): 07 / 12 / 12 - 07 / 13 / 12 AMT: \$ 467.19  
 (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)  
 CA Healthcare Institute

ADDRESS (Business Address Acceptable)  
 1201 K Street, Suite 1840

CITY AND STATE  
 Sacramento, CA

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

DATE(S): 12 / 05 / 13 - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 185.47  
 (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)  
 CA Issues Forum

ADDRESS (Business Address Acceptable)  
 1717 I Street

CITY AND STATE  
 Sacramento, CA

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

DATE(S): 02 / 07 / 13 - 02 / 08 / 13 AMT: \$ 150.00  
 (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 Drive, Suite 100

CITY AND STATE  
 Folsom, CA

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

DATE(S): 03 / 14 / 13 - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 52.60  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_

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

Name  
Philip Y Ting

- 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)  
Taipei Economic and Cultural Office

ADDRESS (Business Address Acceptable)  
555 Montgomery Street, Suite 501

CITY AND STATE  
San Francisco, CA

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

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DATE(S): 03 / 22 / 13 - 03 / 29 / 13 AMT: \$ 6,577.00  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Member delegation to Taiwan

▶ NAME OF SOURCE (Not an Acronym)  
ChinaSF

ADDRESS (Business Address Acceptable)  
235 Montgomery St., Suite 760

CITY AND STATE  
San Francisco, CA 94101

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

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DATE(S): 10 / 13 / 13 - 10 / 20 / 13 AMT: \$ 5,542.60  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Member delegation to China

▶ NAME OF SOURCE (Not an Acronym)  
CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)  
Pier 35, Suite 202

CITY AND STATE  
San Francisco, CA

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

Nonprofit Organization

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DATE(S): 12 / 09 / 13 AMT: \$ 123.70  
*(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)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_