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FEB 27 2014

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

BY: BTH

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Weber Shirley Nash

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

79th Assembly District

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.
-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: 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
 None - No reportable interests on any schedule

5. (c)(1) [Redacted area]

herein and in any attached schedules is true and complete. I acknowledge (c)(1)
I certify under penalty of perjury under the laws of the State of

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

# 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

Asm. Shirley Weber

▶ NAME OF BUSINESS ENTITY  
MetLife

GENERAL DESCRIPTION OF THIS BUSINESS  
Individual Retirement Account

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      \_\_\_\_/\_\_\_\_/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)

Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/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)

Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/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)

Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/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)

Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/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)

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**

Name  
 Asm. Shirley Weber

▶ NAME OF SOURCE (Not an Acronym)  
 National Sorority of Phi Delta Kappa, Inc. San Diego  
 ADDRESS (Business Address Acceptable)  
 P.O. Box 740147, San Diego, CA 92174-0147  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 13	\$ 250.00	Purse
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California State Protocol Foundation  
 ADDRESS (Business Address Acceptable)  
 11355 West Olympic Boulevard, LA, CA 90064  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 13	\$ 68.65	Dinner
/ /	\$	
/ /	\$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 124.00	Dinner Conference
12 / 05 / 13	\$ 95.19	Meeting & Meal
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 John A. Perez for Assembly  
 ADDRESS (Business Address Acceptable)  
 777 South Figueroa Street, Ste. 4050, LA, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Individual

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 74.75	Personalized Jacket
02 / 27 / 13	\$ 19.44	Meal
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Wells Fargo Bank  
 ADDRESS (Business Address Acceptable)  
 45 Fremont Street, 16th Floor, SF, CA 94105  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 13	\$ 119.33	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California Rice Commission  
 ADDRESS (Business Address Acceptable)  
 1231 I. Street, Ste. 205, SAC, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 13	\$ 27.37	Rice Gift Box
06 / 19 / 13	\$ 47.45	Meal&Beverage
/ /	\$	

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Asm. Shirley Weber

▶ NAME OF SOURCE (Not an Acronym)  
San Diego County Regional Airport Authority  
 ADDRESS (Business Address Acceptable)  
P.O. Box 82776 San Diego, CA 92138-2776  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 08 / 13</u>	<u>\$ 297.75</u>	<u>Exhibit Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Women in California Leadership  
 ADDRESS (Business Address Acceptable)  
400 Capitol Mall, 22nd Floor, SAC, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Organization

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

▶ NAME OF SOURCE (Not an Acronym)  
Fox Entertainment Group, Inc.  
 ADDRESS (Business Address Acceptable)  
2121 Avenue of the Starts, Los Angeles, CA 90067  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 30 / 13</u>	<u>\$ 134.10</u>	<u>Movie Screening</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<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>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Asm. Shirley Weber
---

- 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)  
 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)  
 Petroleum Association

DATE(S): 04 / 12 / 13 - 04 / 13 / 13 AMT: \$ 225.50  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated In a Panel

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

Lodging

▶ NAME OF SOURCE (Not an Acronym)  
 Ed Voice Institute

ADDRESS (Business Address Acceptable)  
 1107 Ninth Street, CA 95814

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: \$ 1,253.70  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

Meals & Lodging

▶ NAME OF SOURCE (Not an Acronym)  
 California Foundation of the Environment & Economy

ADDRESS (Business Address Acceptable)  
 Pier 35, Suite 402

CITY AND STATE  
 San Francisco, CA 94133

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

DATE(S): 09 / 19 / 13 - 09 / 29 / 13 AMT: \$ 11,700.52  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated In a Panel

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

Participated in a study travel project

▶ NAME OF SOURCE (Not an Acronym)  
 Church of God and Christ

ADDRESS (Business Address Acceptable)  
 P.O. Box 55

CITY AND STATE  
 Inglewood, CA 90306-0055

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

DATE(S): 10 / 04 / 13 - 10 / 05 / 13 AMT: \$ 150.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

Lodging

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

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

Name  
 Asm. Shirley Weber

- 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)  
 Nat'l Assoc. for the Advancement of Colored People

ADDRESS (Business Address Acceptable)  
 1215 K. Street, 16th Floor

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 10/25/13 - 10/26/13 AMT: \$ 200.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

▶ NAME OF SOURCE (Not an Acronym)  
 California Foundation of the Environment & Economy

ADDRESS (Business Address Acceptable)  
 Pier 35, Suite 202

CITY AND STATE  
 San Francisco, CA 94133

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

DATE(S): 10/29/13 - 10/30/13 AMT: \$ 347.01  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Meals & Lodging

▶ 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)  
 Petroleum Association

DATE(S): 11/14/13 - 11/15/13 AMT: \$ 416.85  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Meals and Lodging

▶ 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: \_\_\_\_\_



**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)  
California Legislative Black Caucus Policy Institute  
 ADDRESS (Business Address Acceptable)  
5471 Hilcrest Dr.  
 CITY AND STATE  
Los Angeles, CA 90043  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Leadership Symposium  
 DATE(S): 10 / 18 / 13 - 10 / 20 / 13 AMT: \$ 1,815.00  
 (if gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
Meals & Lodging

▶ 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

▶ 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

**Filer's Verification**  
 Print Name Asm. Shirley Weber  
 Office, Agency or Court California State Assembly  
 Statement Type  2013/2014 Annual  Assuming  Leaving  
 2013 Annual  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 that the foregoing is true and correct.  
 Date Signed 1 03 03 14  
 (c)(1)  
 Filer's Signa \_\_\_\_\_

Comments: Amended - letter was received on 3.3.14 after FPPC report was filed.