

MAR - 3 2014 00

2014 MAR - 3 PM 2: 56

Please type or print in ink.

NAME OF FILER (LAST) BERRYHILL (FIRST) THOMAS (MIDDLE) C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CALIFORNIA STATE SENATE

Division, Board, Department, District, If applicable
DISTRICT 14

Your Position
SENATOR

► 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 _____ 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: 9

- 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

(c)(1)

Date Signed 3/4/14 (month, day, year)

(c)(1)

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 BERRYHILL, THOMAS C
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▶ 1. BUSINESS ENTITY OR TRUST

WOODY'S ON THE RIVER
 Name
PO BOX 26, MODESTO CA 95353
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
DUCK HUNTING BLINDS SALES

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship **LLC** Other

YOUR BUSINESS POSITION **MEMBER**

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

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

▶ 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

11751, 12625, 13499 W 8 MILE RD
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
STOCKTON, CA
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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: _____

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
 BERRYHILL, THOMAS C

▶ 1. BUSINESS ENTITY OR TRUST

THOMAS & LORETTA BERRYHILL TRUST
 Name
 PO BOX 26, MODESTO, CA 95353
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
 COMMERCIAL PROPERTY RENTALS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION OWNER

▶ 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 IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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

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

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

None

STARBUCKS COFFEE, CHECK INTO CASH, FIESTA INSURANCE

▶ 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

120-018-079-000

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 MODESTO, CA 95355

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

▶ 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
BERRYHILL, THOMAS C

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
113-001-031-000

CITY
MODESTO, CA 95354

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED 13 DISPOSED 13

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
M. WARD

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED 13 DISPOSED 13

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

SCHEDULE D
Income – Gifts

Name _____

▶ NAME OF SOURCE (Not an Acronym)
 Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
 1932 Wildcat Canyon RD Lakeside, CA 92040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 15 / 13	\$ 72.26	food & beverage
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Blueberry Commission
 ADDRESS (Business Address Acceptable)
 770 East Shaw Ste 310 Fresno, CA 93710
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 13	\$ 124.77	food & beverage
02 / 27 / 13	\$ 2.64	reusable bag
__ / __ / __	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 13	\$ 91.20	food & beverage
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Apple Commission
 ADDRESS (Business Address Acceptable)
 770 East Shaw Ste 310 Fresno, CA 93710
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 13	\$ 124.76	food & beverage
02 / 27 / 13	\$ 2.64	reusable bag
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Citrus Mutual
 ADDRESS (Business Address Acceptable)
 512 N. Kaweah Ave Exeter, CA 93221
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 13	\$ 58.58	food & beverage
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Grape and Tree Fruit League
 ADDRESS (Business Address Acceptable)
 978 W. Alluvial Ste 107 Fresno, CA 93711
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 13	\$ 82.60	food & beverage
08 / 14 / 13	\$ 15.00	lunch pail/fresh fruit
__ / __ / __	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Berryhill, Thomas C

▶ **NAME OF SOURCE (Not an Acronym)**
 CA New Car Dealers Association

ADDRESS (Business Address Acceptable)
 1415 L St Ste 700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 70.98	food & beverage
03 / 13 / 13	\$ 21.19	entertainment
/ /	\$	

▶ **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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 11 / 13	\$ 55.29	food & beverage
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Farmers Group

ADDRESS (Business Address Acceptable)
 1201 K St Ste 950 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 13	\$ 63.95	food & beverage
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 GTECH Corp

ADDRESS (Business Address Acceptable)
 1415 L St Ste 1200 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 13	\$ 191.96	food & beverage
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Pacific Gas and Electric

ADDRESS (Business Address Acceptable)
 1415 L St Ste 280 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 13	\$ 24.65	food & beverage
02 / 20 / 13	\$ 30.02	food & beverage
07 / 05 / 13	\$ 46.00	golf fees & beverage

▶ **NAME OF SOURCE (Not an Acronym)**
 Pacific Gas & Electric

ADDRESS (Business Address Acceptable)
 1415 L St Ste 280 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 13	\$ 35.24	food & beverage
/ /	\$	
/ /	\$	

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Berryhill, Thomas C

▶ NAME OF SOURCE (Not an Acronym)
Phillips 66

ADDRESS (Business Address Acceptable)
1201 K St Ste 1930 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 12 / 13</u>	<u>\$ 93.27</u>	<u>food & beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Wine Institute

ADDRESS (Business Address Acceptable)
915 L St Ste 1400 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 11 / 13</u>	<u>\$ 58.80</u>	<u>Legislative reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Dental Association

ADDRESS (Business Address Acceptable)
1201 K St Ste 1511 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 19 / 22</u>	<u>\$ 440.00</u>	<u>sonicare, food,</u>
<u> / / </u>	<u>\$</u>	<u>transportation</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Total One Development Center

ADDRESS (Business Address Acceptable)
P.O. Box 661235 Los Angeles CA 90066

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 10 / 13</u>	<u>\$ 75.00</u>	<u>dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Small Business Association

ADDRESS (Business Address Acceptable)
PO Box 661235 Los Angeles CA 90066

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 10 / 13</u>	<u>\$ 349.00</u>	<u>food & lodging</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

Name
 Berryhill, Thomas C

- 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 Foundation on the Environment & Economy

ADDRESS (Business Address Acceptable)
 Pier 35 Ste 202

CITY AND STATE
 San Francisco, CA 94133

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

DATE(S): 10/29/13 - 10/30/13 AMT: \$ 712.91
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Roundtable Conference on Water

▶ NAME OF SOURCE (Not an Acronym)
 Independent Voters Project

ADDRESS (Business Address Acceptable)
 101 West Broadway STE 1460

CITY AND STATE
 San Diego, CA 92101

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

DATE(S): 11/17/13 - 11/21/13 AMT: \$ 2,989.15
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Business and Leadership Policy Conference

▶ NAME OF SOURCE (Not an Acronym)
 CA Dental Association Foundation

ADDRESS (Business Address Acceptable)
 1201 K Street 15th floor

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 09/19/13 - 09/22/13 AMT: \$ 3,370.04
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Oral Health Education Forum

▶ NAME OF SOURCE (Not an Acronym)
 Pacific Policy Research Foundation

ADDRESS (Business Address Acceptable)
 101 Parkshore Dr Ste 100

CITY AND STATE
 Folsom, CA 95630

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

DATE(S): 08/08/13 - 08/11/13 AMT: \$ 1,643.85
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
North Dakota Hydraulic Fracking & Industry Tour

Comments: _____