

MAR - 3 2014
JD

Please type or print in ink.

2014 MAR -3 PM 5:06

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hancock Loni H.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Senate
Division, Board, Department, District, if applicable Your Position
9th Senate District Senator

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

Agency: State Allocation Board Position: Member

2. Jurisdiction of Office (Check at least one box)

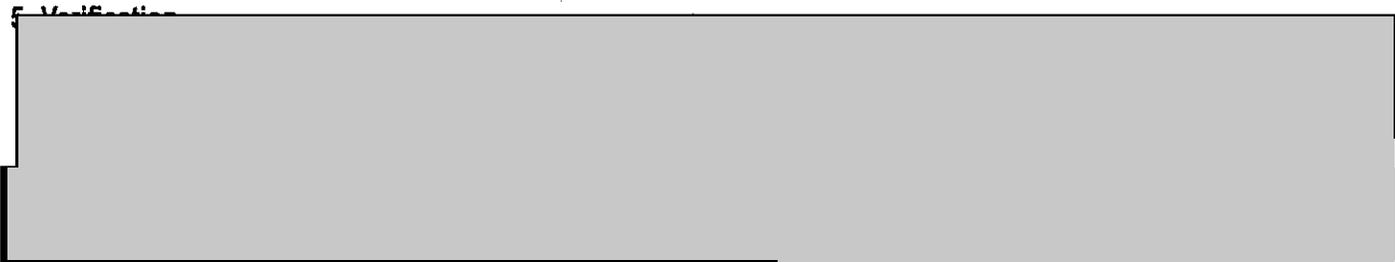
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

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: _____
- 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



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

Date Signed 03/03/2014
(month, day, year)

Signature

COVER PAGE

Please type or print in ink.

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 Hancock Loni H.

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Agency Name (Do not use acronyms)
 California State Senate
 Division, Board, Department, District, if applicable Your Position
 9th Senate District Senator

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

Agency: Bay Conservation & Development Commission Position: Member

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.
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-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(d)(5)

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that (d)(5)

Date Signed _____
 (month, day, year)

Signature _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Meals On Wheels Boardmember

ADDRESS (Business Address Acceptable)
2801 Jackson Street, San Francisco, CA 94115

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 26 / 13	\$ 250.00	M.O.W Fundraiser
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Nancy O'Malley

ADDRESS (Business Address Acceptable)
470 27th Street, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 13	\$ 175.00	Family Justice Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Stewart Owen

ADDRESS (Business Address Acceptable)
22 Noble Road, Berkeley, CA 94705

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chabot Space & Science Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 21 / 13	\$ 154.00	Center Fundraiser
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California State Protocol Foundation

ADDRESS (Business Address Acceptable)
1135 West Olympic Blvd., Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charitable Organization - Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 29 / 13	\$ 86.29	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Bayer Healthcare LLP

ADDRESS (Business Address Acceptable)
800 Dwight Way, P.O Box 1986, Berkeley, CA 94701

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 13	\$ 75.00	One Ed Fund Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st Street, Ste. 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 13	\$ 116.19	Meals 2/5, 2/6
02 / 06 / 13	\$ _____	See Above
05 / 01 / 13	\$ 25.99	Meal

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 Clean Energy Job Coalition

ADDRESS (Business Address Acceptable)
 1100 11th St., Suite 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Energy Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 13	\$ 102.29	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Senator Jerry Hill

ADDRESS (Business Address Acceptable)
 23 Edwards Court, Burlingame, CA 94010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 13	\$ 68.63	Jacket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Steinberg for Senate 2010

ADDRESS (Business Address Acceptable)
 1100 O Street, Ste. 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 13	\$ 64.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 University of California

ADDRESS (Business Address Acceptable)
 101 Sproul Hall, Berkeley, CA 94804

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 14 / 13	\$ 100.00	Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Friends of the River

ADDRESS (Business Address Acceptable)
 1418 20th St., Suite 100, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 13	\$ 50.00	Event Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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
 Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 13	\$ 70.52	Catering Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Alliance To Save Energy

ADDRESS (Business Address Acceptable)
1850 M Street NW, Suite 600, Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy Education Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 13	\$ 160.00	Visa
12 / 06 / 13	\$ 222.66	Beijing Airport Transfer
12 / 06 / 13	\$ 300.00	Meals from 12/6-12/14

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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___ / ___ / ___	\$ _____	_____
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