

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only
FEB 27 2014

COVER PAGE



DD

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Wyland Mark B

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Legislature

Division, Board, Department, District, if applicable

State Senate

Your Position

Senator, 38th District

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

Agency: State Allocation Board

Position: Member

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 FEB 28 AM 7:41

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

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

- 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

-or-

None - No reportable interests on any schedule

5. Verification

herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California

Date Signed February 26, 2014 (month, day, year) Sign

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
Mark Wyland

▶ NAME OF BUSINESS ENTITY
Enterprise Products Partners

GENERAL DESCRIPTION OF THIS BUSINESS
Partnership -- Gas Pipelines

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
Tortoise Energy Infrastructure Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Natural Gas Pipelines

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
Texas Industries

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

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
D3 Fund

GENERAL DESCRIPTION OF THIS BUSINESS
Partnership -- Investments

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
Linn Energy, LLC

GENERAL DESCRIPTION OF THIS BUSINESS
Natural Gas Pipelines

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
Kinder Morgan Energy Partners

GENERAL DESCRIPTION OF THIS BUSINESS
Natural Gas Pipelines

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
Mark Wyland

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Office Holder Account

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 13	\$ 86.28	Dinner on education
___ / ___ / ___	\$ _____	research trip.
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
The Del Mar Thoroughbred Club

ADDRESS (Business Address Acceptable)
PO Box 700 Del Mar, CA 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Horse Racing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 17 / 13	\$ 200.00	Turf Club Admission
07 / 17 / 13	\$ 105.00	Director's Room
07 / 17 / 13	\$ 40.00	Valet Parking

▶ NAME OF SOURCE (Not an Acronym)
Amgen

ADDRESS (Business Address Acceptable)
PO Box 100011 Pasadena, CA 91189

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Biotechnology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 13	\$ 300.00	Amgen Tour of CA Tix
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
SDG&E

ADDRESS (Business Address Acceptable)
925 L Street, Ste 650, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 13	\$ 65.83	Energy Efficiency Kit
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

Comments: Consistent with my past practice, I reimbursed for receipt of these gifts. However, the reimbursement arrived after the designated reporting time frame.

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

Name
 Mark Wyland

- 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)
 Presence Switzerland

ADDRESS (Business Address Acceptable)
 GS-FDFA, Bundesgasse 32

CITY AND STATE
 CH-3003 Bern, Switzerland

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

DATE(S): 10 / 06 / 13 - 10 / 11 / 13 AMT: \$ 710.95
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Ground transportation, dinner and beverages

▶ NAME OF SOURCE (Not an Acronym)
 Owens-Illinois, Inc

ADDRESS (Business Address Acceptable)
 O-I Plaza One, One Michael Owens Way

CITY AND STATE
 Perrysburg, OH 43551

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

DATE(S): 10 / 08 / 13 - ____/____/____ AMT: \$ 163.25
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Dinner

▶ NAME OF SOURCE (Not an Acronym)
 EdVoice Institute

ADDRESS (Business Address Acceptable)
 1107 9th Street, Ste 680

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 08 / 01 / 13 - 08 / 02 / 13 AMT: \$ 515.20
 (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 _____

Comments: _____