

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Harkey Diane L

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 California State Board of Equalization  
 Division, Board, Department, District, if applicable  
 Member, District 4  
 Your Position  
 Board Member

▶ 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)**

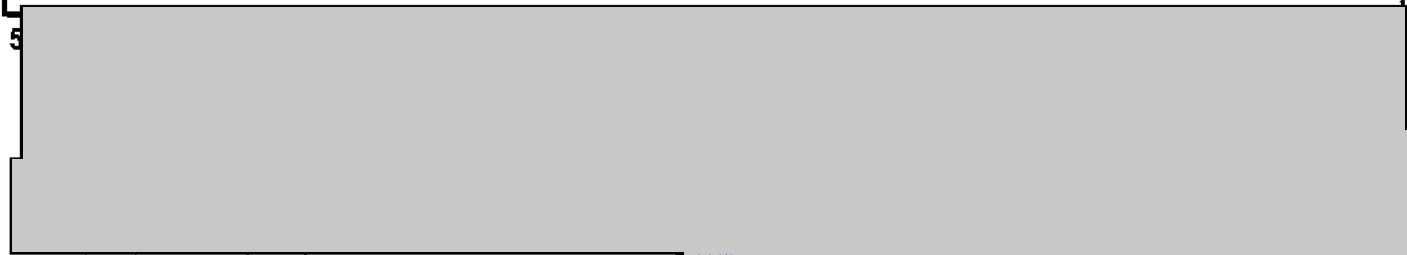
- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2014.
- Assuming Office: Date assumed 01 / 05 / 2015
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2014, 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: 14
- 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



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 California

Date Signed 04/22/2015  
(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.

▶ **NAME OF BUSINESS ENTITY**  
National Financial Lending, LLC

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Mortgage Pool Investment

**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 Membership Interest in LLC  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
     /      / 14           /      / 14  
 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:**  
     /      / 14           /      / 14  
 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:**  
     /      / 14           /      / 14  
 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:**  
     /      / 14           /      / 14  
 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:**  
     /      / 14           /      / 14  
 ACQUIRED                      DISPOSED

**Filer's Verification**

Print Name Diane L. Harkey

Office, Agency or Court California State Board of Equalization

Statement Type     2014/2015 Annual     Assuming     Leaving  
 \_\_\_\_\_ 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 (c)(1) \_\_\_\_\_ State of California

Date Sig \_\_\_\_\_

Filer's S \_\_\_\_\_

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**▶ 1. BUSINESS ENTITY OR TRUST**

The Harkey Family Trust  
 Name \_\_\_\_\_  
 9828 Research Drive, Irvine, CA 92618  
 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                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14  
 \$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    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 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                                      \_\_\_\_\_/\_\_\_\_\_/14                      \_\_\_\_\_/\_\_\_\_\_/14  
 \$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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Filer's Verification**

Print Name Diane L. Harkey  
 Office, Agency or Court California State Board of Equalization  
 Statement Type     2014/2015 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed 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 information provided is true and complete.

Date Signed 04/22/2015                      Filer's Signature \_\_\_\_\_  
(month, day, year)





RE: Diane L. Harkey

**#4 Interests in Real Property held by the Business Entity or Trust**

All of the following **INVESTMENTS** are wholly owned, or undivided interests in loans secured by Deeds of Trust. **FAIR MARKET VALUE** is designated as follows:

A = \$2,000 - \$10,000    B = \$10,001 - \$100,000    C = \$100,001 - \$1,000,000    D = Over \$1 million

<u>Location of Property securing the loan</u>	<u>Fair Market Value</u>
** 391 Acres, Volta Road and 15, Los Banos, CA	C
** 26 Lots, Apple Valley, CA	D
24490, 24500, 24520 Washington Avenue, Murrieta, CA	B
** Vacant Land, Beaumont, CA	D
10 Mission Ridge, Ladera Ranch, CA	B

\*\* For Assessor's Parcel Numbers for interests in Real Property shown above that are vacant land with no physical street address see the attached listing.

**#4 Continued . . . Disposition of Assets previously reported**

The following real property investments were SOLD from 1/1/14 to date.

<u>Location of Property</u>	<u>Date of Disposition</u>	<u>Income Received</u>
** Jack Rabbit Trail & Hwy 60, Beaumont, CA	3/7/14	\$440,226.00

\*\* For Assessor's Parcel Numbers for interests in Real Property shown above that are vacant land with no physical street address see the attached listing.

Supplemental Information for Schedule A-2 Investments, Income and Assets of Business Entities/Trusts, Part 4

Description Submitted with Form 700 - 2014	Assessor's Parcel Number
391 Acres, Volta Road and I5, Los Banos, CA	078-200-057 078-200-086 078-200-087 083-190-005 083-210-042 083-210-043
26 Lots, Apple Valley, CA	3092-421-03 3092-421-04
Vacant Land, Beaumont, CA	421-070-001-5 421-070-004-8 421-070-005-9 421-070-006-0 421-070-007-1 421-080-002-7 421-190-002-7 421-190-003-8 421-190-004-9 421-190-005-0 421-190-006-1 421-190-011-5
Jack Rabbit Trail and Hwy 60, Beaumont, CA	421-020-001-0 421-020-005-4 421-020-006-5 421-030-003-3 421-030-004-4 421-030-005-5 431-030-008-8 421-030-010-9

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**1. BUSINESS ENTITY OR TRUST**

CalCom Capital  
 Name  
9828 Research Drive, Irvine, CA 92618  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Mortgage Lending/Real Estate Management

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE  
 \$0 - \$1,999                                      01 / 01 / 13                      / / / 14  
 \$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     Corporation  
 Other

YOUR BUSINESS POSITION None

**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    or     Names listed below

Saxony Land Company, LP; Andalucia Investors, LLC;  
Point Center Mtg. Fund I, LLC; Dillon Ave 44, LLC.

**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                                      / / / 14                      / / / 14  
 \$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:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Filer's Verification**

Print Name Diane L. Harkey  
 Office, Agency or Court California State Board of Equalization  
 Statement Type     2014/2015 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(b)(7)

I have used all reasonable diligence in preparing this statement. I have reviewed and verified 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 information provided is true and correct.

Date Signed 04/22/2015                      Filer's Signature \_\_\_\_\_  
(month, day, year)



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**▶ 1. BUSINESS ENTITY OR TRUST**

National Financial Lending, Inc.  
Name

9828 Research Drive, Irvine, CA 92618  
Address (Business Address Acceptable)

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

---

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Loan Servicing Brokerage.

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FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input checked="" type="checkbox"/> \$0 - \$1,000	_____ / _____ / <u>14</u>	_____ / _____ / <u>14</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation Other

YOUR BUSINESS POSITION None

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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    or     Names listed below

National Financial Lending, LLC.

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

National Financial Lending, LLC.  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Mortgage Pool Investment  
Description of Business Activity or City or Other Precise Location of Real Property

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FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input checked="" type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>14</u>	_____ / _____ / <u>14</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs remaining     Other LLC Member Interest

Check box if additional schedules reporting investments or real property are attached

Comments:

**Filer's Verification**

Print Name Diane L. Harkey

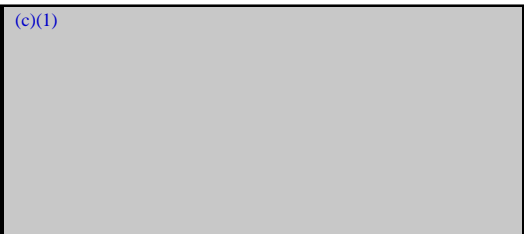
Office, Agency or Court California State Board of Equalization

Statement Type     2014/2015 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed 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 information provided is true and complete.

Date Signed 04/22/2015                      Filers  
(month, day, year)







**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
33931 Copper Lantern

CITY  
Dana Point, CA 92629

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:  
\_\_\_\_/\_\_\_\_/14    06/10/14  
                                ACQUIRED          DISPOSED

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
33941 Silver Lantern

CITY  
Dana Point, CA 92629

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:  
\_\_\_\_/\_\_\_\_/14    06/10/14  
                                ACQUIRED          DISPOSED

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

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

**Filer's Verification**

Print Name Diane L. Harkey

Office, Agency or Court California State Board of Equalization

Statement Type     2014/2015 Annual     Assuming     Leaving  
  (yr)                                  Candidate

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 \_\_\_\_\_

Filer's \_\_\_\_\_

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



**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
31212 Paseo Mira Loma

CITY  
San Juan Capistrano, CA 92675

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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

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  
Erin Fuery

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
75.95 % Undivided Ownership - 130 Lot Subdivision

CITY  
San Bernardino County APN #0467-06-0000

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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

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

**Filer's Verification**

Print Name Diane L. Harkey

Office, Agency or Court California State Board of Equalization

Statement Type     2014/2015 Annual     Assuming     Leaving  
                                  \_\_\_\_\_ 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 information provided is true and correct.

Date 04/22/2015

Filer (c)(1)

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
279 Bowling Green Drive

CITY  
Costa Mesa, CA 92656

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:  
12/26/13 09/22/14  
ACQUIRED DISPOSED

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

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  
Jaclyn and Joel Perham

▶ 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:  
\_\_\_\_\_/\_\_\_\_\_/14 \_\_\_\_/\_\_\_\_/14  
ACQUIRED DISPOSED

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

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 \_\_\_\_\_%  None TERM (Months/Years) \_\_\_\_\_

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

Guarantor, if applicable

**Filer's Verification**

Print Name Diane L. Harkey

Office, Agency or Court California State Board of Equalization

Statement Type  2014/2015 Annual  Assuming  Leaving  
 \_\_\_\_\_ 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 am \_\_\_\_\_ of \_\_\_\_\_  
Calif \_\_\_\_\_  
Date \_\_\_\_\_  
Filer \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
California Healthcare Institute  
ADDRESS (Business Address Acceptable)  
1201 K St, Suite 1840, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislative Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 14</u>	\$ <u>80</u>	<u>Food and Beverage.</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
California New Car Dealers Association  
ADDRESS (Business Address Acceptable)  
1517 L St, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dinner and Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 09 / 14</u>	\$ <u>68</u>	<u>Food and Beverage</u>
<u>08 / 25 / 14</u>	\$ <u>50</u>	<u>Food and Beverage</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
California Association of Realtors  
ADDRESS (Business Address Acceptable)  
525 So. Virgil Ave, Los Angeles, CA 90020  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislative Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 29 / 14</u>	\$ <u>55</u>	<u>Food and Beverage</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
San Diego Regional Chamber of Commerce  
ADDRESS (Business Address Acceptable)  
402 W. Broadway, Suite 1009, San Diego, CA 92101  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislative Dinner and Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 14</u>	\$ <u>89</u>	<u>Food and Beverage</u>
<u>05 / 13 / 14</u>	\$ <u>21</u>	<u>Food and Beverage</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Apartment Association of Greater Los Angeles  
ADDRESS (Business Address Acceptable)  
621 Westmoreland Ave, Los Angeles, CA 90005  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 08 / 14</u>	\$ <u>57</u>	<u>Food and Beverage</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

**Filer's Verification**

Print Name Diane L. Harkey

Office, Agency or Court California State Board of Equalization

Statement Type  2014/2015 Annual  Assuming  Leaving  
 \_\_\_\_\_ 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.

(c)(1) \_\_\_\_\_ of \_\_\_\_\_

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

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

Date Initial Filing Received  
*Official Use Only*

RR

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Harkey Diane L

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 California State Board of Equalization  
 Division, Board, Department, District, if applicable  
 Member, District 4

Your Position  
 Board Member

► 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
- 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, 2014, through December 31, 2014.
- or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- Assuming Office: Date assumed 01 / 05 / 2015
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
  - The period covered is January 1, 2014, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.
- Candidates: 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

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 FAIR POLITICAL PRACTICES COMMISSION  
 2015 MAR 11 PM 2:14

(c)(1)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/10/2015  
 (month, day, year)

(c)(1)

**RECEIVED**

**MAR 11 2015**

by EXECUTIVE DIRECTOR'S OFFICE

FPPC Advice Email: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov)  
 FPPC Toll-Free Helpline: 866/275-3772 [www.fppc.ca.gov](http://www.fppc.ca.gov)

**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  
**AMENDMENT**

▶ **NAME OF BUSINESS ENTITY**  
National Financial Lending, LLC

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Mortgage Pool Investment

**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 Membership interest in LLC  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
       /        / 14             /        / 14  
 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:**  
       /        / 14             /        / 14  
 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:**  
       /        / 14             /        / 14  
 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:**  
       /        / 14             /        / 14  
 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:**  
       /        / 14             /        / 14  
 ACQUIRED                      DISPOSED

**Filer's Verification**

Print Name Diane L. Harkey

Office, Agency California State Board of Equalization  
or Court \_\_\_\_\_

Statement Type     2014/2015 Annual     Assuming     Leaving  
 \_\_\_\_\_ Annual       Candidate  
(Or)

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 \_\_\_\_\_ is correct.  
(c)(1)

Date Signed \_\_\_\_\_

Filer's Sign \_\_\_\_\_

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



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 PRACTICES COMMISSION  
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**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**1. BUSINESS ENTITY OR TRUST**

**The Harkey Family Trust**  
 Name  
 9928 Research Drive, Irvine, CA 92618  
 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:	
<input type="checkbox"/> \$0 - \$1,999	____/____/14	____/____/14
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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    or     Names listed below

**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:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/14	____/____/14
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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: See attachment for additional items for box 4

**Filer's Verification**

Print Name Diane L. Harkey

Office, Agency or Court California State Board of Equalization

Statement Type     2014/2015 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate

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 information provided is true and correct.

Date Signed 03/10/2016    Filer's Signature \_\_\_\_\_  
(month, day, year)



# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**▶ 1. BUSINESS ENTITY OR TRUST**

Name Point Center Financial, Inc.  
7 Argonaut, Aliso Viejo, CA 92656  
 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 <input checked="" type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">/ / 14</td> <td style="text-align: center;">/ / 14</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	/ / 14	/ / 14	ACQUIRED	DISPOSED
/ / 14	/ / 14				
ACQUIRED	DISPOSED				

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation  
Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

<input checked="" type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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    or     Names listed below

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**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY  
National Financial Lending, LLC  
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Mortgage Pool Investment  
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">/ / 14</td> <td style="text-align: center;">/ / 14</td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	/ / 14	/ / 14	ACQUIRED	DISPOSED
/ / 14	/ / 14				
ACQUIRED	DISPOSED				

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_  Other LLC Member Interest  
Yes, remaining

Check box if additional schedules reporting investments or real property are attached

Comments:  


---



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**Filer's Verification**

Print Name Diane L. Harkey  
 Office, Agency or Court California State Board of Equalization

Statement Type     2014/2015 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(or)

I have used all reasonable diligence in preparing this statement. I have reviewed and certify that 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 information provided herein is true and correct.

Date Signed 03/10/2015    Filer's Sign: \_\_\_\_\_  
(month, day, year)



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RE: Diane L. Harkey

2015 MAR 11 PM 2:14

**#4 Interests in Real Property held by the Business Entity or Trust**

All of the following INVESTMENTS are wholly owned, or undivided interests in loans secured by Deeds of Trust. FAIR MARKET VALUE is designated as follows:

A = \$2,000 - \$10,000    B = \$10,001 - \$100,000    C = \$100,001 - \$1,000,000    D = Over \$1 million

Location of Property securing the loan                      Fair Market Value

** 391 Acres, Volta Road and 15, Los Banos, CA	C
** 26 lots, Apple Valley, CA	D
24490, 24500, 24520 Washington Avenue, Murrieta, CA	B
** Vacant Land, Beaumont, CA	D
10 Mission Ridge, Ladera Ranch, CA	B

\*\* For Assessor's Parcel Numbers for interests in Real Property shown above that are vacant land with no physical street address see the attached listing.

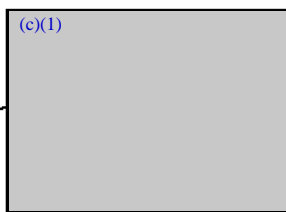
**#4 Continued . . . Disposition of Assets previously reported**

The following real property investments were SOLD from 1/1/14 to date.

Location of Property                                      Date of Disposition                                      Income Received

** Jack Rabbit Trail & Hwy 60, Beaumont, CA	3/7/14	\$440,226.00
---	--------	--------------

\*\* For Assessor's Parcel Numbers for interests in Real Property shown above that are vacant land with no physical street address see the attached listing.



3/10/15

Supplemental Information for Schedule A-2 Investments, Income and Assets of Business Entities/Trusts, Part 4

Description Submitted with Form 700 - 2014	Assessor's Parcel Number
391 Acres, Volta Road and I5, Los Banos, CA	078-200-057 078-200-086 078-200-087 083-190-005 083-210-042 083-210-043
26 Lots, Apple Valley, CA	3092-421-03 3092-421-04
Vacant Land, Beaumont, CA	421-070-001-5 421-070-004-8 421-070-005-9 421-070-006-0 421-070-007-1 421-080-002-7 421-190-002-7 421-190-003-8 421-190-004-9 421-190-005-0 421-190-006-1 421-190-011-5
Jack Rabbit Trail and Hwy 60, Beaumont, CA	421-020-001-0 421-020-005-4 421-020-006-5 421-030-003-3 421-030-004-4 421-030-005-5 431-030-008-8 421-030-010-9

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 2015 MAR 11 11:01 AM

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**1. BUSINESS ENTITY OR TRUST**

**CalCom Capital**  
 Name  
 9828 Research Drive, Irvine, CA 92618  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**Mortgage Lending/Real Estate Management**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999      01/01/13      / / 14  
 \$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     Corporation  
Other

YOUR BUSINESS POSITION None

**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 or     Names listed below  
**Saxony Land Company, LP; Andaluca Investors, LLC;**  
**Point Center Mtg. Fund 1, LLC; Dillon Ave 44, LLC**

**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      / / 14      / / 14  
 \$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:

**Filer's Verification**

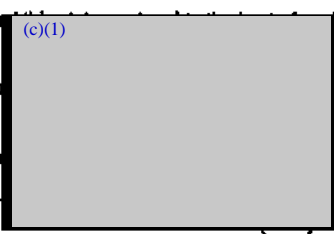
Print Name Diane L. Harkey  
 Office, Agency or Court California State Board of Equalization

Statement Type     2014/2015 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(if)

I have used all reasonable diligence in preparing this statement. I have reviewed and certify that 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 information provided is true and correct.

Date Signed 03/10/2015      Filer's Sign \_\_\_\_\_  
(month, day, year)



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest Is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**1. BUSINESS ENTITY OR TRUST**

National Financial Lending, Inc.  
Name  
9828 Research Drive, Irvine, CA 92618  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Loan Servicing Brokerage

**FAIR MARKET VALUE**                      **IF APPLICABLE, LIST DATE:**  
 \$0 - \$1,999                                                                                      
 \$2,000 - \$10,000                           /      / 14                           /      / 14  
 \$10,001 - \$100,000                                           **ACQUIRED**                      **DISPOSED**  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

**YOUR BUSINESS POSITION**    None

**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    or     Names listed below  
National Financial Lending, LLC

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

National Financial Lending, LLC  
Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Mortgage Pool Investment

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

**FAIR MARKET VALUE**                      **IF APPLICABLE, LIST DATE:**  
 \$2,000 - \$10,000                                                                                      
 \$10,001 - \$100,000                           /      / 14                           /      / 14  
 \$100,001 - \$1,000,000                                           **ACQUIRED**                      **DISPOSED**  
 Over \$1,000,000

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold                       Other LLC Member Interest  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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

**Filer's Verification**

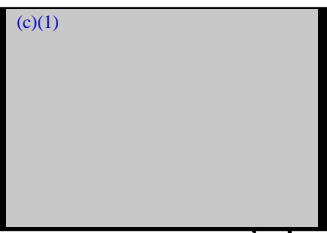
Print Name Diane L. Harkey  
Office, Agency or Court California State Board of Equalization

Statement Type     2014/2015 Annual          Annual     Assuming     Leaving     Candidate  
or

I have used all reasonable diligence in preparing this statement. I have reviewed and verified 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 information provided is true and correct.

Date Signed 03/10/2016                      Filer's Signature \_\_\_\_\_  
(month, day, year)



RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

2015 MAR 11 PM 2:14

▶ **ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**  
33791 Violet Lantern

**CITY**  
Dana Point, CA 92629

**FAIR MARKET VALUE**      **IF APPLICABLE, LIST DATE:**

\$2,000 - \$10,000             /        / 14      06 / 10 / 14

\$10,001 - \$100,000             /        /                    /        /       

\$100,001 - \$1,000,000             /        /                    /        /       

Over \$1,000,000             /        /                    /        /       

**NATURE OF INTEREST**

Ownership/Deed of Trust       Easement

Leasehold                         

Yrs. remaining      Other

**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

▶ **ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**  
34021/23 Copper Lantern

**CITY**  
Dana Point, CA 92629

**FAIR MARKET VALUE**      **IF APPLICABLE, LIST DATE:**

\$2,000 - \$10,000             /        / 14      06 / 10 / 14

\$10,001 - \$100,000             /        /                    /        /       

\$100,001 - \$1,000,000             /        /                    /        /       

Over \$1,000,000             /        /                    /        /       

**NATURE OF INTEREST**

Ownership/Deed of Trust       Easement

Leasehold                         

Yrs. remaining      Other

**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

**Filer's Verification**

**Print Name** Diane L. Harkey

**Office, Agency or Court** California State Board of Equalization

**Statement Type**       2014/2015 Annual       Assuming       Leaving

\_\_\_\_\_ Annual       Candidate

0?

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 information is true and correct.

**Date Signed** \_\_\_\_\_

**Filer's Signature** \_\_\_\_\_

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





▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 1321 Calle Avanzado

CITY  
 San Clemente, CA 92673

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:  
 / / 14 06 / 10 / 14  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold  Other  
Yes, 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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 7 Argonaut

CITY  
 Aliso Viejo, CA 92656

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:  
 / / 14 02 / 10 / 14  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold  Other  
Yes, 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

**Filer's Verification**

Print Name Diane L. Harkey

Office, Agency or Court California State Board of Equalization

Statement Type  2014/2015 Annual  Assuming  Leaving  
 Annual  Candidate  
Or

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 (c)

Filer's Signature

Comments:

**SCHEDULE B**  
**Interests In Real Property**  
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
31212 Paseo Mira-Loma

CITY  
San Juan Capistrano, CA 92675

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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

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  
Erin Fuery

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
75.95% Undivided Ownership - 13D Lot Subdivision

CITY  
San Bernardino County APN #0467-06-0000

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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

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

**Filer's Verification**

Print Name Diane L. Harkey

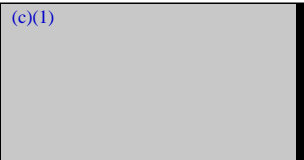
Office, Agency or Court California State Board of Equalization

Statement Type     2014/2015 Annual     Assuming     Leaving  
 \_\_\_\_\_ Annual     Candidate

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 \_\_\_\_\_

Filer's Signature 

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**279 Bowling Green Drive**

CITY  
**Costa Mesa, CA 92626**

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:  
**12/26/13** **09/22/14**  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold  Other

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  
**Jaclyn and Joel Perham**

▶ 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:  
 \_\_\_\_/\_\_\_\_/14 \_\_\_\_/\_\_\_\_/14  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold  Other

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

**Filer's Verification**

Print Name **Diane L. Harkey**

Office, Agency or Court **California State Board of Equalization**

Statement Type  2014/2015 Annual  Assuming  Leaving  
 \_\_\_\_ Annual  Candidate  
or

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 \_\_\_\_\_

Filer's Signature \_\_\_\_\_

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

**SCHEDULE D  
Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
California Healthcare Institute  
ADDRESS (Business Address Acceptable)  
1201 K St, Suite 1840, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislative Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 14</u>	<u>\$ 80</u>	<u>Food and Beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
San Diego Reginal Chamber of Commerce  
ADDRESS (Business Address Acceptable)  
402 W. Broadway, Suite 1008, San Diego, CA 92101  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislative Dinner and Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 14</u>	<u>\$ 89</u>	<u>Food and Beverage</u>
<u>05 / 13 / 14</u>	<u>\$ 21</u>	<u>Food and Beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
California New Car Dealers Association  
ADDRESS (Business Address Acceptable)  
1517 L Street, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dinner and Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 08 / 14</u>	<u>\$ 68</u>	<u>Food and Beverage</u>
<u>08 / 25 / 14</u>	<u>\$ 50</u>	<u>Food and Beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Apartment Association of Greater Los Angeles  
ADDRESS (Business Address Acceptable)  
621 Westmoreland Ave, Los Angeles, CA 90005  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 08 / 14</u>	<u>\$ 57</u>	<u>Food and Beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
California Association of Realtors  
ADDRESS (Business Address Acceptable)  
525 So. Virgil Ave, Los Angeles, CA 90020  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislative Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 29 / 14</u>	<u>\$ 55</u>	<u>Food and Beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

**Filer's Verification**

Print Name Diane L. Harkey

Office, Agency or Court California State Board of Equalization

Statement Type  2014/2015 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(b)

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 Sign (c)(1) 5

Filer's Sig \_\_\_\_\_

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

**SCANNED**

Y30

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Harkey Diane L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

73rd Assembly District

Your Position

Board Member

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2015 MAR -2 AM 9:11

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
- 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, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2014.
- Assuming Office: Date assumed 01 / 05 / 2015
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2014, 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 (c)(1) [Redacted area]

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

Date Signed 2-27-15  
(month, day, year)

RECEIVED

FEB 27 2015

by EXECUTIVE DIRECTOR'S OFFICE  
STATE BOARD OF EQUALIZATION

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Diane L. Harkey</u>

▶ NAME OF BUSINESS ENTITY  
National Financial Lending, LLC

GENERAL DESCRIPTION OF THIS BUSINESS  
Mortgage Pool Investment

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 Membership Interest in LLC  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 14             /        / 14  
 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:  
       /        / 14             /        / 14  
 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:  
       /        / 14             /        / 14  
 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:  
       /        / 14             /        / 14  
 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:  
       /        / 14             /        / 14  
 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:  
       /        / 14             /        / 14  
 ACQUIRED                      DISPOSED

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  
 Diane L. Harkey

**▶ 1. BUSINESS ENTITY OR TRUST**

**The Harkey Family Trust**  
 Name \_\_\_\_\_  
 9828 Research Drive, Irvine, CA 92618  
 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:	
<input type="checkbox"/> \$0 - \$1,999	_ / _ / 14	_ / _ / 14
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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)**

<input checked="checked" type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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 or  Names listed below

**▶ 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:	
<input type="checkbox"/> \$2,000 - \$10,000	_ / _ / 14	_ / _ / 14
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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**

**Point Center Financial, Inc.**  
 Name \_\_\_\_\_  
 7 Argonaut, Aliso Viejo, CA 92656  
 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:	
<input checked="checked" type="checkbox"/> \$0 - \$1,999	_ / _ / 14	_ / _ / 14
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership      Sole Proprietorship      Corporation      \_\_\_\_\_ Other

YOUR BUSINESS POSITION None

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

<input checked="checked" type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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 or  Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT      REAL PROPERTY

**National Financial Lending, LLC**

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

**Mortgage Pool Investment**

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input checked="checked" type="checkbox"/> \$2,000 - \$10,000	_ / _ / 14	_ / _ / 14
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust      Stock      Partnership

Leasehold \_\_\_\_\_ Yrs remaining      Other LLC Member Interest

Check box if additional schedules reporting investments or real property are attached

Comments: See attachment for additional items for box 4

RE: Diane L. Harkey

**#4 Interests in Real Property held by the Business Entity or Trust**

All of the following INVESTMENTS are wholly owned, or undivided interests in loans secured by Deeds of Trust. FAIR MARKET VALUE is designated as follows:

A = \$2,000 - \$10,000    B = \$10,001 - \$100,000    C = \$100,001 - \$1,000,000    D = Over \$1 million

<u>Location of Property securing the loan</u>	<u>Fair Market Value</u>
** 391 Acres, Volta Road and I5, Los Banos, CA	C
** 26 Lots, Apple Valley, CA	D
24490, 24500, 24520 Washington Avenue, Murrieta, CA	B
** Vacant Land, Beaumont, CA	D
10 Mission Ridge, Ladera Ranch, CA	B

\*\* For Assessor's Parcel Numbers for interests in Real Property shown above that are vacant land with no physical street address see the attached listing.

**#4 Continued . . . Disposition of Assets previously reported**

The following real property investments were SOLD from 1/1/14 to date.

<u>Location of Property</u>	<u>Date of Disposition</u>	<u>Income Received</u>
** Jack Rabbit Trail & Hwy 60, Beaumont, CA	3/7/14	\$440,226.00

\*\* For Assessor's Parcel Numbers for interests in Real Property shown above that are vacant land with no physical street address see the attached listing.



Supplemental Information for Schedule A-2 Investments, Income and Assets of Business Entities/Trusts, Part 4

Description Submitted with Form 700 - 2014	Assessor's Parcel Number
391 Acres, Volta Road and I5, Los Banos, CA	078-200-057 078-200-086 078-200-087 083-190-005 083-210-042 083-210-043
26 Lots, Apple Valley, CA	3092-421-03 3092-421-04
Vacant Land, Beaumont, CA	421-070-001-5 421-070-004-8 421-070-005-9 421-070-006-0 421-070-007-1 421-080-002-7 421-190-002-7 421-190-003-8 421-190-004-9 421-190-005-0 421-190-006-1 421-190-011-5
Jack Rabbit Trail and Hwy 60, Beaumont, CA	421-020-001-0 421-020-005-4 421-020-006-5 421-030-003-3 421-030-004-4 421-030-005-5 431-030-008-8 421-030-010-9

**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  
 Diane L. Harkey

**1. BUSINESS ENTITY OR TRUST**

CalCom Capital  
 Name  
 9828 Research Drive, Irvine, CA 92618  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
 Mortgage Lending/Real Estate Management

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$2,000 - \$10,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 Over \$1,000,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 ACQUIRED DISPOSED

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Corporation  
 Other

YOUR BUSINESS POSITION None

**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 or  Names listed below

Saxony Land Company, LP; Andalucia Investors, LLC;  
 Point Center Mtg. Fund I, LLC; Dillon Ave 44, LLC

**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 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 Over \$1,000,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 ACQUIRED DISPOSED

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**

National Financial Lending, Inc.  
 Name  
 9828 Research Drive, Irvine, CA 92618  
 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 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$2,000 - \$10,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 Over \$1,000,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 ACQUIRED DISPOSED

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Corporation  
 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 or  Names listed below

National Financial Lending, LLC

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

National Financial Lending, LLC  
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Mortgage Pool Investment  
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 Over \$1,000,000 \_\_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_ / 14  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other LLC Member Interest

Check box if additional schedules reporting investments or real property are attached

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

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Diane L. Harkey

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
33791 Violet Lantern

CITY  
Dana Point, CA 92629

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

ACQUIRED 06/10/14 DISPOSED \_\_\_\_\_

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
34021 /23 Copper Lantern

CITY  
Dana Point, CA 92629

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

ACQUIRED \_\_\_\_\_ DISPOSED 06/10/14

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

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

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

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Diane L. Harkey

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 33931 Copper Lantern

CITY  
 Dana Point, CA 92629

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

ACQUIRED 06 / 10 / 14  
 DISPOSED

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 33941 Silver Lantern

CITY  
 Dana Point, CA 92629

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

ACQUIRED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 DISPOSED

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

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 \_\_\_\_\_%  None TERM (Months/Years) \_\_\_\_\_

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 \_\_\_\_\_%  None TERM (Months/Years) \_\_\_\_\_

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

Guarantor, if applicable

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





**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Diane L. Harkey

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
279 Bowling Green

CITY  
Costa Mesa, CA 92629

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:  
12, 26, 13 09, 22, 14  
 ACQUIRED DISPOSED

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

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  
Jaclyn and Joel Perham

▶ 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14 \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED DISPOSED

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

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

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

**SCHEDULE D  
 Income – Gifts**

Name  
 Diane L. Harkey

▶ NAME OF SOURCE (Not an Acronym)  
 California Healthcare Institute

ADDRESS (Business Address Acceptable)  
 1201 K Street, Suite 1840, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Legislative Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 14	\$ 80.49	Food & Beverage
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 San Diego Regional Chamber of Commerce

ADDRESS (Business Address Acceptable)  
 402 W. Broadway, Suite 1009, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Legislative Dinner and Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 14	\$ 88.82	Food & Beverage
05 / 13 / 14	\$ 21.24	Food & Beverage
/ /	\$	
/ /	\$	

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

ADDRESS (Business Address Acceptable)  
 1517 L Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Dinner and Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	\$ 68.28	Food & Beverage
08 / 25 / 14	\$ 49.89	Food & Beverage
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Apartment Association of Greater Los Angeles

ADDRESS (Business Address Acceptable)  
 621 Westmoreland Ave, Los Angeles CA 90005

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 08 / 14	\$ 56.85	Food & Beverage
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California Association of Realtors

ADDRESS (Business Address Acceptable)  
 525 So. Virgil Ave, Los Angeles, CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Legislative Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 14	\$ 55.00	Food & Beverage
/ /	\$	
/ /	\$	

▶ 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: \_\_\_\_\_