

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing  
Received  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Ma Fiona Hodge

1. Office, Agency, or Court

RR

Agency Name (Do not use acronyms)  
State Board of Equalization

Division, Board, Department, District, if applicable Your Position  
District 2 Elected Member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
2015 MAR -2 AM 9:21

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

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

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_
- Assuming Office: Date assumed 01/05/2015  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: 5
- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
  - Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule



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

Date Signed 02/23/2015 Signature \_\_\_\_\_  
(month, day, year)

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FEB 27 2015

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

Name  
 Fiona Hodge Ma

**1. BUSINESS ENTITY OR TRUST**

Flat Horizon, LLC  
 Name  
 1032 Irving Street, #908, San Francisco, CA 94122  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
 Consulting

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

\$0 - \$1,999                                      / / 14                      / / 14  
 \$2,000 - \$10,000                                      / /                      / /  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

**YOUR BUSINESS POSITION**                      Principal Member

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

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

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

None    or     Names listed below  
 ThinkTank Learning Inc., Transmart, URS Corp Nevada,  
 Ron Greenspan

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

Check one box:  
 INVESTMENT     REAL PROPERTY  
 206 Ocean Drive, Oxnard, CA 93035  
 Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property  
 Land/Building, Assessor Parcel: 260-0-145-270  
 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                                      / /                      / /  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

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

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

**1. BUSINESS ENTITY OR TRUST**

Name  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

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

\$0 - \$1,999                                      / / 14                      / / 14  
 \$2,000 - \$10,000                                      / /                      / /  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$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                                      / /                      / /  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

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

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

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Fiona Hodge Ma

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
500 N Street, #1603
CITY
Sacramento
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY
FAIR MARKET VALUE
IF APPLICABLE, LIST DATE:
NATURE OF INTEREST
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
SOURCES OF RENTAL INCOME

\* 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)
HIGHEST BALANCE DURING REPORTING PERIOD

NAME OF LENDER\*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE
TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD

Comments:

**SCHEDULE D**  
**Income – Gifts**

Name  
 Fiona Hodge Ma

▶ NAME OF SOURCE (Not an Acronym)  
 TechAmerica

ADDRESS (Business Address Acceptable)  
 5201 Great America Pkwy, #400, Santa Clara, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 14	\$ 113.73	Meal
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 NBC Universal

ADDRESS (Business Address Acceptable)  
 100 Universal City Plaza, Universal City, CA 91608

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Film Studio and Theme Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 14	\$ 440.00	Tickets
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Pricewaterhouse Coopers, LLP

ADDRESS (Business Address Acceptable)  
 601 South Figueroa Street, #900, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Multinational Professional Services Network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 14	\$ 92.88	Meal
09 / 09 / 14	\$ 21.70	Meal
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Knott's Berry Farm

ADDRESS (Business Address Acceptable)  
 8039 Beach Blvd., Buena Park, CA 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Theme Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 14	\$ 166.88	Hotel
10 / 24 / 14	\$ 49.00	Ticket
10 / 24 / 14	\$ 50.00	Meal
/ /	\$	

▶ 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: \_\_\_\_\_

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

Name  
 Fiona Hodge Ma

- 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)  
 Young Elected Officials Network

ADDRESS (Business Address Acceptable)  
 1101 15th Street, NW, #600

CITY AND STATE  
 Washington, DC

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

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DATE(S): 05 / 14 / 14 - 05 / 15 / 14 AMT: \$ 213.74  
 (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

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

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DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

---

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

---

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

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