

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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RR

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Secretary of State

Division, Board, Department, District, if applicable

Your Position

Secretary of State

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

Agency: _____

Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2/15 MAR - 2 PM 4:10

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.
- or- The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- 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: 4

- 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

F. Verification

[Redacted Signature Area]

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

Date Signed 3/2/15
(month, day, year)

Signature

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Alex Padilla

▶ NAME OF SOURCE (Not an Acronym)
California Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)
755 Riverpoint Dr., W. Sacramento, CA 95605-1634

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 11 / 14	\$ 247.50	Golf
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
California Latino Caucus Leadership PAC

ADDRESS (Business Address Acceptable)
777 S. Figueroa St., #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	\$ 194.84	Framed Poster
08 / 21 / 14	\$ 156.28	Food/Beverage
	\$	
	\$	

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

ADDRESS (Business Address Acceptable)
1830 9th Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 16 / 14	\$ 205.67	Dinner
02 / 05 / 14	\$ 80.54	Breakfast/Lunch
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
California School Employees Association

ADDRESS (Business Address Acceptable)
1127 11th Street, Suite 346, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 14	\$ 60.00	Dinner Ticket
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
California Foundation for Commerce and Education

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	\$ 234.72	Lunch
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Equality California

ADDRESS (Business Address Acceptable)
3899 Wilshire Blvd., # 1290, Los Angeles, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	\$ 50.00	Event Ticket
	\$	
	\$	

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Alex Padilla

▶ NAME OF SOURCE (Not an Acronym)
Governor's Cup Foundation

ADDRESS (Business Address Acceptable)
755 Riverpoint Dr., W. Sacramento, CA 95605-1634

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 11 / 14</u>	<u>\$ 247.50</u>	<u>Golf</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
United Farm Workers of America

ADDRESS (Business Address Acceptable) 29700 Woodruff-Techachapi Road,
P.O. Box 62, Keene, CA 93531

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 30 / 14</u>	<u>\$ 100.00</u>	<u>Movie/reception tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles Area Chamber of Commerce

ADDRESS (Business Address Acceptable)
350 S. Bixel Street, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 30 / 14</u>	<u>\$ 50.00</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Skip Keesal

ADDRESS (Business Address Acceptable)
Keesal, Young & Logan, 700 Ocean Gate, L.B., CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 11 / 14</u>	<u>\$ 54.00</u>	<u>Champagne</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

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

Name
 Alex Padilla

- 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)
 California Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)
 755 Riverpoint Drive

CITY AND STATE
 West Sacramento, CA 95605-1634

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

DATE(S): 07 / 11 / 14 - 07 / 12 / 14 AMT: \$ 1,200.00
 (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)
 First Tee of Silicon Valley

ADDRESS (Business Address Acceptable)
 1922 The Alameda, Suite 214

CITY AND STATE
 San Jose, CA 95126

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

DATE(S): 07 / 13 / 14 - 07 / 14 / 14 AMT: \$ 490.00
 (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: _____