

Date Initial Filing: 15 APR 20 PM 2:33

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Tortakson Tom Allen

PR

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 California Department of Education
 Division, Board, Department, District, if applicable
 Your Position
 State Superintendent of Public Instruction

► 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 _____
- 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



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

Date Signed 04/15/2015
 (month, day, year) Signature

15 APR 20 PM 2:35

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
National Teachers Associates Life Insurance Co.
ADDRESS (Business Address Acceptable)
4949 Keller Springs Rd. Addison, TX 75001-5910
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance provider

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|---------------|------------------------|
| <u>07 / 11 / 14</u> | <u>\$ 200</u> | <u>Dinner, self</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)

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)

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)

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> |

Filer's Verification

Print Name Tom Toriakson

Office, Agency or Court California Department of Education

Statement Type 2014/2015 Annual Assuming Leaving
 2014 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 foregoing is true and correct.

Date Signed 04/15/2015

Filer's Signatu (c)(1)

Comments: _____

2014 AT



STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

2015 MAR 16 PM 2:47

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Torlakson Tom Allen

1. Office, Agency, or Court

Agency Name (Do not use acronyms) California Department of Education
Division, Board, Department, District, if applicable Your Position

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)

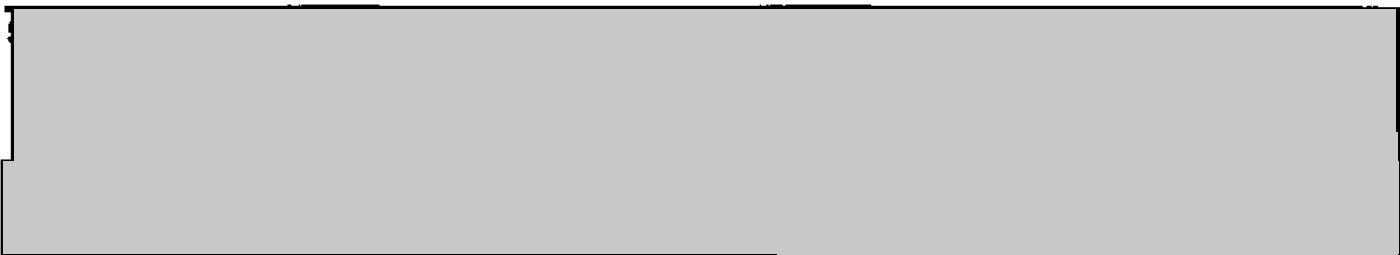
- State, Multi-County, City of, Judge or Court Commissioner (Statewide Jurisdiction), County of, Other

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2013, through the date of leaving office.
The period covered is through the date of leaving office.

4. Schedule Summary

- 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
None - No reportable interests on any schedule



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

Date Signed 03/10/2015 Signature

2014 AT

RECEIVED
 CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION
 SCHEDULE E
 Income - Gifts
 Travel Payments, Advances,
 and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- You must 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 Alliance Group

ADDRESS (Business Address Acceptable)
 770 L Street, Suite 950

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 01 / 30 / 14 - 01 / 30 / 14 AMT: \$ 125.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

The SPI attended a VIP reception as part of a conference.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Filer's Verification

Print Name Tom Torlakson

Office, Agency or Court California Department of Education

Statement Type 2013/2014 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 3/10/2015

Filer's Signature (c)(1)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
 RECEIVED
 FAIR POLITICAL PRACTICES COMMISSION
 15 MAR 23 PM 5:27

RR

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Torlakson Tom Allen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 California Department of Education
 Division, Board, Department, District, if applicable
 Your Position
 State Superintendent of Public Instruction

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

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 -or-
 The period covered is _____ through December 31, 2014.
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 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
 None - No reportable interests on any schedule

5. (c)(1)

herein and in any attached schedules is true and complete. I acknowledge this is a public record.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/17/2015
 (month, day, year)

(c)(1)
 Signature _____
 (File the originally signed statement with your filing official.)

15 MAR 23 PM 5:27
SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

- 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 Alliance Group

ADDRESS (Business Address Acceptable)
770 L Street, Suite 950

CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 01 / 30 / 14 - 01 / 30 / 14 AMT: \$ 125.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

The SPI attended a VIP reception as part of a superintendents' conference.

▶ 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 _____

Filer's Verification

Print Name Tom Torlakson

Office, Agency or Court California Department of Education

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 foregoing is true and correct.

Date Signed 03/17/2015

Filer's Signature (c)(1)

Comments: _____

4542

PR

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Tortakson Tom Allen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Department of Education
Division, Board, Department, District, if applicable Your Position

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Agency: _____ Position: _____

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)

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- 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: _____

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 - Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. (c)(1)

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

Date Signed 2/24/15
(month, day, year)

(c)(1)
Sig _____
(File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)
California Charter Schools Association

ADDRESS (Business Address Acceptable)
1107 9th St # 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education policy advocate

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|---------------------------|
| 01 / 14 / 14 | \$ 90.90 | reception, self & 1 staff |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Friends of Mandarin Scholars

ADDRESS (Business Address Acceptable)
PO Box 123 San Mateo, CA 94401

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

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 25 / 14 | \$ 160.00 | 2 tix to fundraiser |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Maritime Museum of San Diego

ADDRESS (Business Address Acceptable)
1492 North Harbor Drive, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Museum

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|-------------------------|
| 02 / 10 / 14 | \$ 58.08 | Reception & lecture (2) |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
California Teachers Association

ADDRESS (Business Address Acceptable)
1118 10th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Teacher advocate organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 24 / 14 | \$ 27.68 | Planning mtg; 2 staff |
| 07 / 20 / 14 | \$ 92.88 | 2 conference lunches |
| 09 / 21 / 14 | \$ 150.00 | Dinner; 1 staff incl. |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Equality California

ADDRESS (Business Address Acceptable)
202 W 1st Street, Suite 3-0130, LA, CA 90012

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

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|---------------------------|
| 03 / 10 / 14 | \$ 300.00 | reception, self & 1 staff |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Bay Area Council

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 2220, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business-sponsored public policy advocacy group

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|---------------------------|
| 03 / 10 / 14 | \$ 213.60 | reception, self & 1 staff |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

**SCHEDULE D
Income - Gifts**

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Tom Toriakson |

▶ NAME OF SOURCE (Not an Acronym)
Generation Ready

ADDRESS (Business Address Acceptable)
352 7th Avenue, Suite 12A, New York, NY, 10001

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Provider of professional learning services

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|-----------------------------------|
| 03 / 12 / 14 | \$ 180.00 | dinner, self & 1 staff |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
CA State Federation of Labor

ADDRESS (Business Address Acceptable)
600 Grand Ave, Suite 410, Oakland, CA 94610

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Statewide labor organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| 03 / 17 / 14 | \$ 60.00 | dinner, self |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Dick Roberts

ADDRESS (Business Address Acceptable)
1689 East Altadena Drive, Altadena, CA 91001

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retired educator and philatropist

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------------|
| 03 / 22 / 14 | \$ 113.16 | SPI treated to dinner |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Amer. Fed. of State, County & Municipal Employees

ADDRESS (Business Address Acceptable)
1121 L Street, Suite 904, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education policy advocate

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| 03 / 24 / 14 | \$ 109.57 | Reception, self |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Advancement Project

ADDRESS (Business Address Acceptable)
925 L Street, Suite 305, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civil rights organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|--------------------------|
| 03 / 24 / 14 | \$ 124.07 | Conference dinner |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Contra Costa Jewish Day School

ADDRESS (Business Address Acceptable)
955 Risa Rd, Lafayette, CA 94549

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Private School

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|-----------------------------|
| 03 / 30 / 14 | \$ 140.00 | Gala ticket; 1 staff |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D
Income – Gifts

Name
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)
California Association for Bilingual Education
 ADDRESS (Business Address Acceptable)
16033 East San Bernardino Road Covina, CA 91722
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3)

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>04 / 04 / 14</u> | <u>\$ 50.00</u> | <u>CABE Conference</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Santa Clarita Education Foundation
 ADDRESS (Business Address Acceptable)
P.O. Box 221295, Newhall, CA 91322
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education foundation

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|-------------------------------|
| <u>04 / 16 / 14</u> | <u>\$ 100.00</u> | <u>Reception & dinner</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Plumbers & Steamfitters Local 342
 ADDRESS (Business Address Acceptable)
935 Detroit Avenue, Concord, CA 94518-2501
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|-------------------------|
| <u>05 / 17 / 14</u> | <u>\$ 150.00</u> | <u>2 tix to banquet</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
California Teachers Association
 ADDRESS (Business Address Acceptable)
1119 10th Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Teacher advocacy organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------------------|
| <u>08 / 03 / 14</u> | <u>\$ 44.48</u> | <u>Reception, self & staff</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
CA Internet Association
 ADDRESS (Business Address Acceptable)
1115 Eleventh St, 2nd Floor, Sacramento 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy organization

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|---------------------------|
| <u>05 / 21 / 14</u> | <u>\$ 71.62</u> | <u>2 tix to reception</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
National Teachers Associates Life Insurance Co.
 ADDRESS (Business Address Acceptable)
4949 Keller Springs Rd. Addison, TX 75001-5910
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance provider

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>07 / 11 / 14</u> | <u>\$ 50.00</u> | <u>Dinner, self</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

Comments: _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
Manatt, Phelps & Phillips, LLP

ADDRESS (Business Address Acceptable)
11355 W. Olympic Blvd, Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law firm

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 06 / 13 / 14 | \$ 375.00 | 1 ticket to Gala |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Best Buddies International

ADDRESS (Business Address Acceptable)
5601 W Slauson Ave, Suite 255, Culver City, CA

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

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 07 / 13 / 14 | \$ 250.00 | 1 reception ticket |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Computer Using Educators

ADDRESS (Business Address Acceptable)
877 Ygnacio Valley Rd Ste 200 Walnut Creek, 94596

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

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 07 / 23 / 14 | \$ 70.00 | Dinner, self & 1 staff |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

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

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

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

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 08 / 26 / 14 | \$ 234.72 | 1 ticket to luncheon |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Youth Policy Institute

ADDRESS (Business Address Acceptable)
634 S Spring St, 10th Floor, Los Angeles, CA 90014

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

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 07 / 14 | \$ 100.00 | Dinner, self & 1 staff |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Lucas Public Affairs

ADDRESS (Business Address Acceptable)
1215 K Street, #1120, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public affairs firm

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 27 / 14 | \$ 100.00 | 1 ticket to breakfast |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)
 San Joaquin County School Boards Association

ADDRESS (Business Address Acceptable)
 101 Twin Dolphin Drive, Redwood City, CA 94065

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 501(C)(3)

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 29 / 14 | \$ 80.00 | Dinner, self & 1 staff |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
 Armenian Natl Cmte of America, Western Region

ADDRESS (Business Address Acceptable)
 104 N. Belmont St, Suite 200, Glendale, CA 91206

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Cultural advocacy group

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 11 / 02 / 14 | \$ 250.00 | Banquet, self |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
 Superintendent Micheline Miglis

ADDRESS (Business Address Acceptable)
 Plumas COE 50 Church Street Quincy, CA 9597

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 County Superintendent

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 02 / 14 | \$ 54.00 | Dinner, SPT & staff |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
 California Alliance Group

ADDRESS (Business Address Acceptable)
 770 L Street, Suite 950, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy group

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 15 / 14 | \$ 200.00 | 1 ticket to reception |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
 Roll Global LLC & Associates

ADDRESS (Business Address Acceptable)
 11444 W Olympic Blvd, Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Agriculture company

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 05 / 14 | \$ 274.00 | Holiday gift basket |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ 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

| |
|---|
| CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Tom Torfakson |
|---|

- 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)
 Riverside County Office of Education

ADDRESS (Business Address Acceptable)
 3939 Thirteenth Street

CITY AND STATE
 Riverside, CA 92501

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

DATE(S): 01 / 29 / 14 - 01 / 29 / 14 AMT: \$ 265.50
(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)
 Association of California School Administrators

ADDRESS (Business Address Acceptable)
 1029 J Street, Suite 500

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 01 / 30 / 14 - 01 / 30 / 14 AMT: \$ 170.00
(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)
 Pepperdine University

ADDRESS (Business Address Acceptable)
 24255 Pacific Coast Hwy

CITY AND STATE
 Malibu, CA 90263

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

DATE(S): 01 / 30 / 14 - 01 / 30 / 14 AMT: \$ 134.00
(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)
 Valley Industry & Commerce Association

ADDRESS (Business Address Acceptable)
 5121 Van Nuys Blvd, Suite 208

CITY AND STATE
 Sherman Oaks, CA 91403

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

DATE(S): 02 / 21 / 14 - 02 / 21 / 14 AMT: \$ 200.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name
 Tom Torlakson

- 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)
 James Irvine Foundation

ADDRESS (Business Address Acceptable)
 1 Bush Street, Suite 800

CITY AND STATE
 San Francisco, CA 94104

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

DATE(S): 02 / 27 / 14 - 02 / 27 / 14 AMT: \$ 60.00
 (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)
 CA Assoc. of African American Supts & Admin

ADDRESS (Business Address Acceptable)
 12155 El Oro Way

CITY AND STATE
 Granada Hills, CA 91344

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

DATE(S): 03 / 12 / 14 - 03 / 12 / 14 AMT: \$ 150.00
 (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)
 California Association for Bilingual Education

ADDRESS (Business Address Acceptable)
 16033 East San Bernardino Road

CITY AND STATE
 Covina, CA 91722

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

DATE(S): 04 / 04 / 14 - 04 / 04 / 14 AMT: \$ 40.00
 (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)
 Democratic 21st Century Club

ADDRESS (Business Address Acceptable)
 PO Box 7812

CITY AND STATE
 San Jose, CA 95150

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

DATE(S): 04 / 11 / 14 - 04 / 11 / 14 AMT: \$ 50.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Tom Torlakson

- 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 Teachers Association

ADDRESS (Business Address Acceptable)
1118 10th Street

CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 04 / 27 / 14 - 04 / 27 / 14 AMT: \$ 120.05
 (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)
Bay Valley Service Center Council

ADDRESS (Business Address Acceptable)
6095 Bristol Parkway

CITY AND STATE
Culver City, CA 90230

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

DATE(S): 04 / 28 / 14 - 04 / 28 / 14 AMT: \$ 128.40
 (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)
UCB Institute of Governmental Studies

ADDRESS (Business Address Acceptable)
113a Moses Hall #2370 University of California Berkele

CITY AND STATE
Berkeley, CA 94720

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

DATE(S): 05 / 06 / 14 - 05 / 06 / 14 AMT: \$ 1,560.00
 (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)
CA State Parent Teacher Association

ADDRESS (Business Address Acceptable)
2327 L Street

CITY AND STATE
Sacramento, CA 95816

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

DATE(S): 05 / 07 / 14 - 05 / 07 / 14 AMT: \$ 398.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name
 Tom Torlakson

- 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)
 Veterans of Foreign Wars of the United States

ADDRESS (Business Address Acceptable)
 9136 Elk Grove Blvd, Suite 100

CITY AND STATE
 Elk Grove, CA 95624

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

DATE(S): 05 / 14 / 14 - 05 / 14 / 14 AMT: \$ 88.76
 (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)
 State Building & Construction Trades Council

ADDRESS (Business Address Acceptable)
 1231 I street, Suite 302

CITY AND STATE
 Sacramento, CA 95814-2933

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Council of labor unions

DATE(S): 06 / 18 / 14 - 06 / 18 / 14 AMT: \$ 91.42
 (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)
 The Exploratorium

ADDRESS (Business Address Acceptable)
 Pier 15,

CITY AND STATE
 San Francisco, CA 94111

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

DATE(S): 06 / 30 / 14 - 06 / 30 / 14 AMT: \$ 58.00
 (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)
 CA Association of Latino Superintendents & Admin.

ADDRESS (Business Address Acceptable)
 1029 J Street, Suite 500

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 07 / 16 / 14 - 07 / 16 / 14 AMT: \$ 120.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
TOM TORLAKSON

- 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 Teachers Association

ADDRESS (Business Address Acceptable)
1118 10th Street

CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 08 / 03 / 14 - 08 / 03 / 14 AMT: \$ 44.48
 (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)
Math, Engineering, Science Achievement

ADDRESS (Business Address Acceptable)
300 Lakeside Drive, 7th Floor

CITY AND STATE
Oakland, CA 94612

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Career Pathways Program administered by UCOP

DATE(S): 08 / 09 / 14 - 08 / 09 / 14 AMT: \$ 63.83
 (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)
San Francisco Labor Council

ADDRESS (Business Address Acceptable)
1188 Franklin Street, Suite 203

CITY AND STATE
San Francisco, CA 94109

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local council of labor unions

DATE(S): 08 / 29 / 14 - 08 / 19 / 14 AMT: \$ 150.00
 (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)
LA Chamber of Commerce

ADDRESS (Business Address Acceptable)
350 S. Bixel Street

CITY AND STATE
Los Angeles, CA 90017

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

DATE(S): 09 / 08 / 14 - 09 / 08 / 14 AMT: \$ 200.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

- 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 Teachers Association
 ADDRESS (Business Address Acceptable)
1118 10th Street
 CITY AND STATE
Sacramento, CA 95814
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Teacher advocacy organization
 DATE(S): 09 / 12 / 14 - 09 / 12 / 14 AMT: \$ 95.52
(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)
United Teachers Los Angeles
 ADDRESS (Business Address Acceptable)
3303 Wilshire Blvd, 10th Fl
 CITY AND STATE
Los Angeles, CA 90010
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Teacher advocacy organization
 DATE(S): 09 / 20 / 14 - 09 / 20 / 14 AMT: \$ 110.00
(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)
Silicon Valley Education Foundation
 ADDRESS (Business Address Acceptable)
1400 Parkmoor Ave #200
 CITY AND STATE
San Jose, CA 95126
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): 10 / 01 / 14 - 10 / 01 / 14 AMT: \$ 1,500.00
(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)
California Teachers Association
 ADDRESS (Business Address Acceptable)
1118 10th Street
 CITY AND STATE
Sacramento, CA 95814
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Teacher advocacy organization
 DATE(S): 10 / 18 / 14 - 10 / 18 / 14 AMT: \$ 18.00
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

Comments: _____

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

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name <u>TOM TORLAKSON</u> |

- 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 Teachers Association
 ADDRESS (Business Address Acceptable)
1118 10th Street
 CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 10 / 19 / 14 - 10 / 19 / 14 AMT: \$ 47.20
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
OC LULAC Foundation
 ADDRESS (Business Address Acceptable)
11277 Garden Grove Blvd, Suite 101-A
 CITY AND STATE
Garden Grove, CA 92843

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

DATE(S): 10 / 24 / 14 - 10 / 24 / 14 AMT: \$ 150.00
 (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)
California Teachers Association
 ADDRESS (Business Address Acceptable)
1118 10th Street
 CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 11 / 04 / 14 - 11 / 04 / 14 AMT: \$ 243.42
 (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)
California Federation of Teachers
 ADDRESS (Business Address Acceptable)
1107 Ninth Street, Suite 460
 CITY AND STATE
Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Classified school employees organization

DATE(S): 12 / 06 / 14 - 12 / 06 / 14 AMT: \$ 130.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name _____

- 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)
Northern CA Carpenters Regional Council

ADDRESS (Business Address Acceptable)
265 Hegenberger Road, #200

CITY AND STATE
Oakland, CA 94621

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Council of local unions

DATE(S): 12 / 12 / 14 - 12 / 12 / 14 AMT: \$ 100.00
(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)
Northern CA Carpenters Regional Council

ADDRESS (Business Address Acceptable)
265 Hegenberger Road, #200

CITY AND STATE
Oakland, CA 94621

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Council of local unions

DATE(S): 12 / 17 / 14 - 12 / 17 / 14 AMT: \$ 55.00
(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)
Dairy Council of California

ADDRESS (Business Address Acceptable)
1418 N. Market Blvd., Ste. 500

CITY AND STATE
Sacramento CA 95834

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

DATE(S): 11 / 13 / 14 - 11 / 13 / 14 AMT: \$ 110.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name
TOM TORLAKSON

- 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)
Santa Clara Service Council

ADDRESS (Business Address Acceptable)
4810 Harwood Road, #100

CITY AND STATE
San Jose, CA 95124

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional development for teachers organization

DATE(S): 03, 22, 14 - 03, 22, 14 AMT: \$ 96.00
(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)
Assemblymember Steven Bradford

ADDRESS (Business Address Acceptable)
1 West Manchester Boulevard

CITY AND STATE
Inglewood, CA 90301

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA State Assemblymember (at the time)

DATE(S): 08, 24, 14 - 08, 24, 14 AMT: \$ 225.00
(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)
Council of Chief State School Officers

ADDRESS (Business Address Acceptable)
1 Massachusetts Ave

CITY AND STATE
NW, Washington, DC 20001

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nat'l educational advocatcy organization

DATE(S): 11, 14, 14 - 11, 14, 14 AMT: \$ 90.00
(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: _____