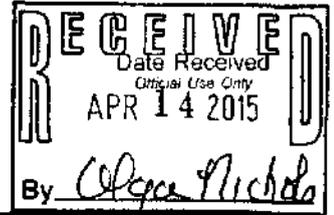


STATEMENT OF ECONOMIC INTERESTS



RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Please type or print in ink.

NAME OF FILER: Alejo (LAST) Luis (FIRST) Angel (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

District 30

Your Position

State Assemblymember

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

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification



Date Signed 04/14/2015
(month, day, year)

Signature

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party
ADDRESS (Business Address Acceptable)
1830 Ninth Street Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03, 20, 14</u>	<u>\$ 67,738.</u>	<u>Luncheon</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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Filer's Verification

Print Name Luis A. Alejo
Office, Agency or Court California State Assembly

Statement Type 2013/2014 Annual Assuming Leaving
 2014 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.

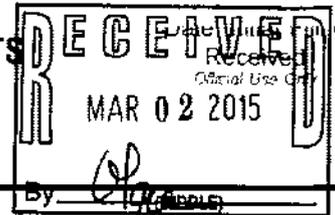
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/14/2015
(c)(1)

Filer's Signature _____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) ALEJO (FIRST) LUIS

By: [Signature] (TITLE) A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CALIFORNIA STATE ASSEMBLY

Division, Board, Department, District, if applicable
DISTRICT 30

Your Position
STATE ASSEMBLYMEMBER

► 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 ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: -9-

- 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. [Redacted area]

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

Date Signed 3/1/2015
(month, day, year)

Sig

[Redacted signature area]

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CA State Assembly

ADDRESS (Business Address Acceptable)
100 W. Alisal Street, Ste. 134, Salinas, CA 93901

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

YOUR BUSINESS POSITION
Assemblymember

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

NAME OF SOURCE OF INCOME
Policy Link

ADDRESS (Business Address Acceptable)
1438 Webster St, Ste. 303, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy Research

YOUR BUSINESS POSITION
Summer Research Intern

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
LUIS A. ALEJO

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Cabrillo College

ADDRESS (Business Address Acceptable)
6500 Soquel Dr, Aptos, CA 95003

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

YOUR BUSINESS POSITION
Adjunct Professor

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$500 - \$1,000		_____
<input type="checkbox"/> \$1,001 - \$10,000		City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
LUIS A. ALEJO

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political Action

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 14	\$ 24.60	Food/Drink
02 / 26 / 14	\$ 194.84	Framed Poster
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CA Latino Caucus Foundation

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 14	\$ 7.00	Movie Ticket
02 / 20 / 14	\$ 602.50	Hotel/Food/Drink
05 / 04 / 14	\$ 164.13	Bear Plaque
10 / 15 / 14	\$ 36.25	Reception Food/Drink

▶ NAME OF SOURCE (Not an Acronym)
 CA Association of Winegrape Growers

ADDRESS (Business Address Acceptable)
 1325 J St, Ste. 1560, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 9.87	Reception
02 / 25 / 14	\$ 80.48	Dinner
____ / ____ / ____	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
 1830 9th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 23.98	Conference Food
11 / 06 / 14	\$ 73.73	Dinner
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Guglielmo Winery

ADDRESS (Business Address Acceptable)
 1480 E. Main Ave, Morgan Hill, CA 95037

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 14	\$ 150.00	Wine
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CA Agricultural Aircraft Association

ADDRESS (Business Address Acceptable)
 661 6th Street, Lincoln, CA 95648

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 14	\$ 246.64	Dinner/Reusable Bag
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

Name
LUIS A. ALEJO

**SCHEDULE D
Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)
Comcast Corp & Affiliated Entities

ADDRESS (Business Address Acceptable)
1415 L St, Ste. 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 08 / 14	\$ 15.34	Movie Ticket
02 / 24 / 14	\$ 22.64	Dinner
04 / 02 / 14	\$ 61.51	Dinner

▶ NAME OF SOURCE (Not an Acronym)
San Jose Airport Operations

ADDRESS (Business Address Acceptable)
1701 Airport Blvd, Ste.B-1130, San Jose, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 14	\$ 90.00	Parking
05 / 02 / 14	\$ 30.00	Parking
06 / 26 / 14	\$ 66.00	Parking
03 / 22 / 14	\$ 60.00	Parking

▶ NAME OF SOURCE (Not an Acronym)
CA Chamber of Commerce

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Assn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 14	\$ 75.16	Dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
CA Grape & Fresh Fruit Association

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 4 / 14	\$ 78.98	Dinner
08 / 13 / 14	\$ 14.00	Fruit Tin
	\$	

▶ NAME OF SOURCE (Not an Acronym)
South Bay Labor Council

ADDRESS (Business Address Acceptable)
2102 Almaden Rd, Ste 107, San Jose, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 14	\$ 50.00	Dinner Ticket
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
CA Business Roundtable

ADDRESS (Business Address Acceptable)
1301 I Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Assn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 14	\$ 68.36	Dinner
	\$	
	\$	

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
LUIS A. ALEJO

▶ **NAME OF SOURCE (Not an Acronym)**
CA Cut Flower Commission

ADDRESS (Business Address Acceptable)
P.O. Box 90225, Santa Barbara, CA 93190

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 14	\$ 63.55	Dinner
06 / 20 /	\$ 81.99	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
Speaker Toni Atkins

ADDRESS (Business Address Acceptable)
330 Encinitas Blvd, Ste. 101, Encinitas, CA 92024

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Elected Official

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 14	\$ 33.45	Welcome Reception
05 / 12 / 14	\$ 44.31	Framed Print
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
Ministry of Foreign Affairs of El Salvador

ADDRESS (Business Address Acceptable)
Calle el Pedregal Blvd, Cincilleria La Libertad, El Salvador

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 14	\$ 200.00	Meals/Translation
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
Legislative Assembly of the Republic of El Salvador

ADDRESS (Business Address Acceptable)
Palacio Legislativo, Centro de Gobierno, San Salvador

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 14	\$ 150.00	Dinner
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
Office of the President of El Salvador

ADDRESS (Business Address Acceptable)
Alameda Dr Manuel Enrique Arajo #5500, San Salvador

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 14 /	\$ 1500.00	Transportation/Security
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
The Disney Co.

ADDRESS (Business Address Acceptable)
500 S. Buena Vista Street, Burbank, CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Amusement Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 14	\$ 300.00	Tickets
/ /	\$	
/ /	\$	

Comments:

**SCHEDULE D
 Income – Gifts**

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	\$ 234.72	Dinner/Reception
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CA Latino Water Coalition

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Water

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 13 / 14	\$ 15.00	Lunch
08 / 18 / 14	\$ 30.00	Boxing Glove
10 / 06 / 14	\$ 40.00	Dinner
10 / 25 / 14	\$ 100.00	Boxing Ticket

▶ NAME OF SOURCE (Not an Acronym)
 Pebble Beach Company

ADDRESS (Business Address Acceptable)
 17 Mile Drive, Pebble Beach, CA 93953

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Tourism

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / ____	\$ 200.00	Ticket
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Entertainment Software Association

ADDRESS (Business Address Acceptable)
 575 7th St, NW Ste300, Washington DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business Assn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 21 / 14	\$ 248.21	Food/Drink
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)
 1095 Barona Rd, Lakeside, CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Indian Nation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 14	\$ 387.17	Meals/Transportation
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Zuffa LLC

ADDRESS (Business Address Acceptable)
 2960 W. Sahara Ave, Suite 100, Las Vegas, CA 89102

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 21 / ____	\$ 146.71	Lunch
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
LUIS A. ALEJO

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

ADDRESS (Business Address Acceptable)
755 Riverpoint Drive, West Sacramento, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Corrections Assn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 20 / 14	\$ 364.18	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Couch Distributing

ADDRESS (Business Address Acceptable)
104 Lee Road, Watsonville, CA 95076

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverage Distributing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 14	\$ 440.00	Dinner Ticket
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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
LUIS A. ALEJO

- 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)
National Association of Latino Elected Officials

ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd, 3rd Floor

CITY AND STATE
Los Angeles, CA 90015

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

DATE(S): 06 / 26 / 14 - 06 / 29 / 14 AMT: \$ 1517.12
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Attended Annual Conference/Participated in Training
for State Legislators

▶ NAME OF SOURCE (Not an Acronym)
CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)
Pier 35, Ste. 202

CITY AND STATE
San Francisco, CA 94133

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

DATE(S): 09 / 29 / 14 - 09 / 30 / 14 AMT: \$ 573.71
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Participated in Conference

▶ NAME OF SOURCE (Not an Acronym)
Independent Voter Project

ADDRESS (Business Address Acceptable)
101 West Broadway, Ste. 1460

CITY AND STATE
San Diego, CA 92101

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

DATE(S): 11 / 16 / 14 - 11 / 20 / 14 AMT: \$ 1925.00
(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: \$

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____