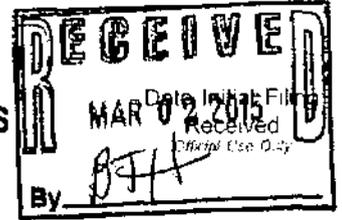


**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Brown Cheryl Renee

RR

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Assembly

Division, Board, Department, District, if applicable

Your Position

Assembly 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 PM 3:16

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-
- 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: 5

- 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 03/01/2015
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Cheryl R. Brown

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 1494 California Street

CITY
 San Bernardino 92404

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
 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

CITY

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
 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
 Cheryl R. Brown

▶ NAME OF SOURCE (Not an Acronym)
 Through the Country Door

ADDRESS (Business Address Acceptable)
 16653 Windcrest Dr., Fontana, CA 92337

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Gift Store

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 04 / 14	\$ 83.93	Frog Figurines
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
 1401 21st Street #200 Sacramento Ca 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 131.24	Lunch & dinner
08 / 18 / 14	\$ 36.17	Farewell Breakfast
11 / 06 / 14	\$ 73.63	Policy Conference

▶ NAME OF SOURCE (Not an Acronym)
 Elevate CA: Marc Levine Ballot Issue Committee

ADDRESS (Business Address Acceptable)
 P.O. Box 150084, San Rafael CA 94915

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 14	\$ 107.10	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 EdVoice Institute

ADDRESS (Business Address Acceptable)
 1107 9th Street, Ste. 680 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Research and Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 14	\$ 144.94	Dinner
03 / 19 / 14	\$ 65.36	Luncheon
05 / 13 / 14	\$ 74.64	Dinner

▶ NAME OF SOURCE (Not an Acronym)
 CA Issues Forum

ADDRESS (Business Address Acceptable)
 1717 I Street, Sacramento 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Nonprofit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 95.00	Dinner
05 / 21 / 14	\$ 7.70	Lunch
08 / 19 / 14	\$ 103.00	Dinner

▶ NAME OF SOURCE (Not an Acronym)
 Wine Institute

ADDRESS (Business Address Acceptable)
 425 Market Street, Ste. 1000

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Wine Maker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	\$ 58.60	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

Name
Cheryl R. Brown

▶ NAME OF SOURCE (Not an Acronym)
American Federation of State , County

ADDRESS (Business Address Acceptable)
1121 L Street Ste. 904

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Sector Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 24 / 14</u>	<u>\$ 109.57</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 26 / 14</u>	<u>\$ 237.72</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Toni Atkins for Assembly 2014

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 14 / 14</u>	<u>\$ 15.20</u>	<u>Breakfast</u>
<u>05 / 12 / 14</u>	<u>\$ 44.31</u>	<u>Frame Julie Warren</u>
<u>11 / 30 / 14</u>	<u>\$ 33.45</u>	<u>Reception</u>

▶ 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
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 17 / 14</u>	<u>\$ 308.73</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CTIA-The Wireless Association

ADDRESS (Business Address Acceptable)
1400 16th Street NW, Washington D.C. 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wireless Phone

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 14</u>	<u>\$ 119.01</u>	<u>Reception and Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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

ADDRESS (Business Address Acceptable)
1785 N. Fine Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cotton Ginner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 19 / 14</u>	<u>\$ 440.00</u>	<u>Dinner for 2</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

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

Name
 Cheryl R. Brown

- 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)
Independent Voter Project

ADDRESS (Business Address Acceptable)
101 West Broadway, Suite 1460

CITY AND STATE
San Diego, CA

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

DATE(S): 03 / 13 / 14 - 03 / 14 / 14 AMT: \$ 643.00
(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)
Cal Chamber

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

CITY AND STATE
Sacramento, CA

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

DATE(S): 11 / 11 / 14 - 11 / 12 / 14 AMT: \$ 480.00
(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)
Independent Voter Project

ADDRESS (Business Address Acceptable)
101 West Broadway, Suite 1460

CITY AND STATE
San Diego, CA

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

DATE(S): 11 / 16 / 14 - 11 / 20 / 14 AMT: \$ 3,143.00
(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 Independent Petroleum Association

ADDRESS (Business Address Acceptable)
1001 K Street, 6th floor

CITY AND STATE
Sacramento, CA

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

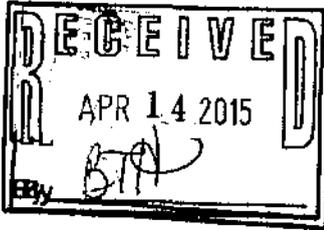
DATE(S): 12 / 04 / 14 - 12 / 05 / 14 AMT: \$ 858.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____



SCHEDULE D
Income - Gifts



2015 APR 16 PM 4:18

RR

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 15	\$ 68	Democratic Caucus
	\$	Luncheon
	\$	

▶ 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 Cheryl Renee Brown

Office, Agency or Court State Assembly

Statement Type 2014/2015 Annual Assuming Leaving
 6/7 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 04/14/2015

Filer's Signature

Comments: _____