CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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By

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cooley	Ken William	

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2015 MAR -2 PM 3:16
FAIR POLITICAL PRACTICES COMMISSION

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
State Assembly

Division, Board, Department, District, if applicable: District 8

Your Position: Member

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

Agency: State Seismic Safety Commission Position: Commissioner

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

- [X] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

[X] **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

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

- or -

[ ] **None** - *No reportable interests on any schedule*

I have used all reasonable diligence in preparing this statement. I have reviewed
contained herein and in any attached schedules is true and complete. I acknowle
I certify under penalty of perjury under the laws of the State of California that th

Date Signed 2-26-2015 *(month, day, year)* Signatur

Schedule A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ken William Cooley

NAME OF BUSINESS ENTITY: Transportation Networks International Inc.

GENERAL DESCRIPTION OF THIS BUSINESS: Wireless transportation network internet svcs

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
- ○ Income Received of $0 -$499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
- ○ Income Received of $0 -$499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
- ○ Income Received of $0 -$499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
- ○ Income Received of $0 -$499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
- ○ Income Received of $0 -$499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
- ○ Income Received of $0 -$499
- ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/___ ACQUIRED ___/___/___ DISPOSED

Comments: _____

Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Ken William Cooley

1. BUSINESS ENTITY OR TRUST

Ken Cooley & Sydney Cooley Revocable Trust (1)
Name

11119 Concord River Ct., Rancho Cordova, CA
Address *(Business Address Acceptable)*

Check one
[X] Trust, *go to 2* [ ] Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
[ ] $0 - $1,999
[ ] $2,000 - $10,000
[ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000
[ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / ACQUIRED
/ / DISPOSED

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
[ ] $500 - $1,000
[ ] $1,001 - $10,000
[X] $10,001 - $100,000
[ ] Over $100,000

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

[X] 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 [X] REAL PROPERTY

10624 Chardonay Drive
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Rancho Cordova, CA 95670
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $2,000 - $10,000
[X] $10,001 - $100,000
[ ] $100,001 - $1,000,000
[ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / ACQUIRED
/ / DISPOSED

NATURE OF INTEREST
[X] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership
[ ] Leasehold _____ Yrs. remaining
[ ] Other _____

4. (cont.)

Check one box:

[ ] INVESTMENT [X] REAL PROPERTY

11150 Trinity River Drive, #122
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Rancho Cordova, CA 95670
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $2,000 - $10,000
[X] $10,001 - $100,000
[ ] $100,001 - $1,000,000
[ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / ACQUIRED
/ / DISPOSED

NATURE OF INTEREST
[X] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership
[ ] Leasehold _____ Yrs. remaining
[ ] Other _____

4. (cont.)

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
[ ] $2,000 - $10,000
[ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000
[ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / ACQUIRED
/ / DISPOSED

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership
[ ] Leasehold _____ Yrs. remaining
[ ] Other _____

Comments: 1-No income sources of $10,000 or more.

Schedule C
Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ken William Cooley

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Cordova Neighborhood Church

ADDRESS *(Business Address Acceptable)*
10600 Coloma Road, Rancho Cordova, CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Church

YOUR BUSINESS POSITION
None

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)*

1. INCOME RECEIVED

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*

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 D

Income - Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ken William Cooley

NAME OF SOURCE *(Not an Acronym)*
California Cattlemen's Association
ADDRESS *(Business Address Acceptable)*
1221 H St., Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cattle industry association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/11/14	$ 65.00	Breakfast and cowboy hat
/ /	$	
/ /	$	

NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st St., #200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/ 4/14	$ 107.26	Dinner
4/ 4/14	$ 23.98	Lunch
8/18/14	$ 36.17	Breakfast

NAME OF SOURCE *(Not an Acronym)*
California Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
1215 K St., #1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/20/14	$ 32.06	Reception
5/20/14	$ 62.12	Reception
/ /	$	

NAME OF SOURCE *(Not an Acronym)*
California Democratic Party (cont.)
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/ 6/14	$ 73.63	Lunch
/ /	$	
/ /	$	

NAME OF SOURCE *(Not an Acronym)*
California Cotton Ginners and Growers Association
ADDRESS *(Business Address Acceptable)*
1785 N. Fine Ave., Fresno, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agricultural association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/29/14	$ 151.54	Dinner
/ /	$	
/ /	$	

NAME OF SOURCE *(Not an Acronym)*
California Foundation for Commerce & Education
ADDRESS *(Business Address Acceptable)*
1215 K St., #1400, Sacramento, cA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/26/14	$ 234.72	Luncheon
/ /	$	
/ /	$	

Comments:

Schedule D

Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Ken William Cooley

NAME OF SOURCE (Not an Acronym)
California Independent Petroleum Association
ADDRESS (Business Address Acceptable)
1001 K St., 6th Fl., Washington, DC
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/ 2/14	$ 127.43	Dinner
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym)
California Professional Firefighters
ADDRESS (Business Address Acceptable)
1780 Creekside Oaks Dr., Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Firefighters organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/ 5/14	$ 151.27	Fire helmet
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym)
California Issues Forum
ADDRESS (Business Address Acceptable)
1717 I Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/19/14	$ 103.00	Dinner
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym)
California Rice Industry Association
ADDRESS (Business Address Acceptable)
1231 I St., #205, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/19/14	$ 241.36	Dinner
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym)
California Police Chiefs Association
ADDRESS (Business Address Acceptable)
P.O. Box 255745, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Police chiefs association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/26/14	$ 100.00	Ticket to installation dinner
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym)
CTIA The Wireless Association
ADDRESS (Business Address Acceptable)
1400 16th St. NW #600, Washington DC
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/16/14	$ 119.01	Reception and dinner
/ /	$	
/ /	$	

Comments:

Schedule D

Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Ken William Cooley

NAME OF SOURCE (Not an Acronym)
Elevate California: Marc Levine Ballot Issue Committee
ADDRESS (Business Address Acceptable)
PO Box 150084, San Rafael, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Member's ballot issue committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/13/14	$ 107.10	Dinner
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym)
Pacific Policy Research Foundation
ADDRESS (Business Address Acceptable)
101 Parkshore Dr. #100, Folsom, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/13/14	$ 69.07	Lunch
3/13/14	$ 88.92	Dinner
/ /	$	

NAME OF SOURCE (Not an Acronym)
McClellan Business Park
ADDRESS (Business Address Acceptable)
5140 Peacekeeper Way, McClellan, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/25/14	$ 55.00	Olive oil
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym)
Rancho Cordova Chamber of Commerce
ADDRESS (Business Address Acceptable)
2729 Prospect Park Dr. #117 Rancho Cordova CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/30/14	$ 90.00	Tickets to annual event
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym)
Mooretown Rancheria
ADDRESS (Business Address Acceptable)
1 Alverda Drive, Oroville, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/13/14	$ 68.66	Dinner
/ /	$	
/ /	$	

NAME OF SOURCE (Not an Acronym)
Sacramento Regional Transit
ADDRESS (Business Address Acceptable)
1400 29th St., Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transit agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/ 2/14	$ 105.15	Framed photo
/ /	$	
/ /	$	

Comments:

Schedule D

Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Ken William Cooley

NAME OF SOURCE *(Not an Acronym)*
Sacramento County Farm Bureau
ADDRESS *(Business Address Acceptable)*
8970 Elk Grove Bl., Elk Grove, CA 95624
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/15/14	$ 80.00	Tickets to annual dinner
/ /	$	
/ /	$	

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)*
Sacramento Central Labor Council
ADDRESS *(Business Address Acceptable)*
2840 El Centro Rd., #111, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/17/14	$ 60.00	Ticket to dinner
/ /	$	
/ /	$	

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)*
University of California, Berkeley
ADDRESS *(Business Address Acceptable)*
2130 Center St., 2nd Fl., Berkeley, CA 94720
BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/19/14	$ 100.00	Ticket to centennial event
/ /	$	
/ /	$	

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
FAIR POLITICAL PRACTICES COMMISSION

Name
Ken William Cooley

- 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)*
Association of California Life & Health Insurance Companies (1)
ADDRESS *(Business Address Acceptable)*
1201 K St., Suite 1820
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance industry association
DATE(S): 10/ 1/14 - 10/ 3/14 *(if gift)* AMT:$ 2736.73
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Lodging and meals at annual round table conference.

➤ NAME OF SOURCE *(Not an Acronym)*
The Forest Foundation (3)
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1835
CITY AND STATE
Sacramento, CA 95814
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit organization
DATE(S): 6/19/14 - 6/20/14 *(if gift)* AMT:$ 379.28
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Food and lodging for tour of coastal redwoods

➤ NAME OF SOURCE *(Not an Acronym)*
California Issues Forum (2)
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit organization
DATE(S): 12/ 8/14 - 12/10/14 *(if gift)* AMT:$ 693.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, lodging & meals at policy retreat

➤ NAME OF SOURCE *(Not an Acronym)*
Pacific Policy Research Foundation (4)
ADDRESS *(Business Address Acceptable)*
101 Parkshore Drive, Suite 100
CITY AND STATE
Folsom, CA
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit foundation
DATE(S): 11/19/14 - 11/22/14 *(if gift)* AMT:$ 2311.74
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Lodging and meals at policy conference.

Comments: 1-$2,319.88 not subject to gift limit., 2-Not subject to gift limit., 3-Not subject to gift limit., 4-Not subject to gift limit.

RECEIVED
APR 16 2015
By

SCHEDULE D
Income – Gifts

2015 APR 16 PM 4:18

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st St. #200, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 14	$ 68	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 Ken William Cooley

Office, Agency or Court State Assembly, District 8

Statement Type ☐ 2014/2015 Annual ☐ Assuming ☐ Leaving ☒ 2014 (yr) 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 4-16-2015

Filer's Signature (c)(1)

Comments: Amend to add additional gift from California Democratic Party.