TSK

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Dababneh	Matthew	Michael

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FAIR POLITICAL PRACTICES COMMISSION

1. Office, Agency, or Court

RR

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

Division, Board, Department, District, if applicable: 45th Assembly District

Your Position: 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)*

- [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:*** 6

- [ ] **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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

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

5.

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

Date Signed 3-2-15 *(month, day, year)*

Signature

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Dababneh

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st St., Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	$ 131.24	lunch, dinner
11 / 06 / 14	$ 73.63	lunch
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Comcast Corporation and Affiliated Entities
ADDRESS *(Business Address Acceptable)*
1701 JFK Boulevard, Philadelphia, PA 19103
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 02 / 14	$ 61.51	dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Foundation for Commerce & Education
ADDRESS *(Business Address Acceptable)*
1215 K St., Suite 1400, Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 08 / 14	$ 234.72	luncheon
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Darden Restaurants, Inc.
ADDRESS *(Business Address Acceptable)*
1000 Darden Center Drive, Orlando FL 32837
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 03 / 14	$ 68.16	dinner
06 / 10 / 14	$ 16.34	dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Medical Association
ADDRESS *(Business Address Acceptable)*
1201 J St., Suite 200, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 14	$ 55.37	dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Dart Container Corp.
ADDRESS *(Business Address Acceptable)*
500 Hogsback Rd. Mason, MI 48854
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Packaging

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 23 / 14	$ 267.03	meal
/ /	$	
/ /	$	

Comments: Schedule D Page 1

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Matthew Dababneh

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): Elevate California: Marc Levine Ballot Issue Committ
ADDRESS (Business Address Acceptable): PO Box 150084, San Rafael CA 94915
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Candidate committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 14	$ 107.10	lunch
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): San Manuel Band of Mission Indians
ADDRESS (Business Address Acceptable): 26569 Community Center Drive, Highland CA 92346
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Indian tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 30 / 14	$ 56.66	meal
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Orange County Business Council
ADDRESS (Business Address Acceptable): 2 Park Plaza, Suite 100, Irvine CA 92614
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 24 / 14	$ 100.00	dinner
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Santa Ynez Band of Chumash Indians
ADDRESS (Business Address Acceptable): P.O. Box 517, Santa Ynez, CA 93460
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Indian tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 14	$ 400.00	reception and tickets
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Pepsico Incorporated and Affiliated Entities
ADDRESS (Business Address Acceptable): 17717 Aliso Creek Rd., Aliso Viejo CA 92656
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Beverages

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	$ 79.86	dinner
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): TechAmerica
ADDRESS (Business Address Acceptable): 1400 K St., Suite 201, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 21 / 14	$ 53.29	reception
/ /	$	
/ /	$	

Comments: Schedule D Page 2

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Dababneh

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Toni Aktins for Assembly 2014
ADDRESS *(Business Address Acceptable)*
330 Encinitas Blvd., Suite 101, Encinitas CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candidate committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 14	$ 44.31	framed print
06 / 17 / 14	$ 20.09	reception
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Dell
ADDRESS *(Business Address Acceptable)*
2017 Patapsco Dr., Apex NC 27523
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 14	$ 127.59	meal
06 / 10 / 14	$ 32.68	meal
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
University of California Los Angeles
ADDRESS *(Business Address Acceptable)*
2147 Murphy Hall, UCLA 90095
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 05 / 14	$ 25.07	reception
10 / 04 / 14	$ 65.00	reception and tickets
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Pala Band of Mission Indians
ADDRESS *(Business Address Acceptable)*
12196 Pala Mission Road, Pala CA 92059
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 14	$ 71.00	meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
University of Southern California
ADDRESS *(Business Address Acceptable)*
3551 Trousdale Parkway, Suite 260, LA 90089
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	$ 63.00	lunch
04 / 09 / 14	$ 139.12	dinner reception
/ /	$	

► 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 D Page 3

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Dababneh

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)*
CalChamber
ADDRESS *(Business Address Acceptable)*
1215 K St., Suite 1400
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy
DATE(S): 11/11/14 - 11/12/14 *(If gift)* AMT: $ 824.71
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 Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I St.
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit organization 501(c)(4)
DATE(S): 12/08/14 - 12/10/14 *(If gift)* AMT: $ 573.00
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 Charter Schools
ADDRESS *(Business Address Acceptable)*
1107 9th St., Suite 200
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy
DATE(S): 12/08/14 - 12/09/14 *(If gift)* AMT: $ 376.31
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
National Assoc. of Professional Employer Organizatio
ADDRESS *(Business Address Acceptable)*
707 North Saint Asaph St.
CITY AND STATE
Alexandria, VA 22314
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy
DATE(S): 12/10/14 - 12/11/14 *(If gift)* AMT: $ 492.38
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: Schedule E Page 1

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Dababneh

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 Healthcare Institute
ADDRESS *(Business Address Acceptable)*
1201 K St., Suite 1840
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy
DATE(S): 12/04/14 - 12/05/14 *(If gift)* AMT: $ 309.73
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): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Pacific Policy Research Foundation
ADDRESS *(Business Address Acceptable)*
101 Parkstore Drive, Suite 100
CITY AND STATE
Folsom, CA 95630
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy
DATE(S): 03/13/14 - 03/14/14 *(If gift)* AMT: $ 395.68
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): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: Schedule E Page 2

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

RR

- **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 Healthcare Institute
ADDRESS *(Business Address Acceptable)*
1201 K St, Suite 1840
CITY AND STATE
Sacramento CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 12/4/14 - 12/5/14 *(if gift)* AMT: $ 344.63
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): __/__/__ - __/__/__ *(if gift)* AMT: $
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): __/__/__ - __/__/__ *(if gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Filer's Verification

Print Name Matthew Dababneh
Office, Agency or Court California State Assembly, 45th district
Statement Type ☒ 2014/2015 Annual ☐ Assuming ☐ Leaving ☐ ____ *(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 3-30-15 *(month, day, year)*
Filer's Signature (c)(1)

Comments:

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PRACTICES COMMISSION

2015 MAR 30 PM 1:45

SCHEDULE D
Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
Dell

ADDRESS *(Business Address Acceptable)*
2017 Patapsco Dr., Apex NC 27523

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/23/14	$ 127.59	meal
4/21/14	$ 77.61	meal
/ /	$	

► 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 Matthew Dababneh

Office, Agency or Court California State Assembly

Statement Type ☒ 2014/2015 Annual ☐ Assuming ☐ Leaving
☐ _____ (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 3-27-15

Filer's Signature (c)(1)

Comments:

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2015 APR 21 PM 1:57

SCHEDULE D
Income – Gifts

BK

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
[redacted] 1830 9th St, Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/4/14	$ 131.24	lunch, dinner
05/20/14	$ 67.73	lunch
11/6/14	$ 73.63	lunch

► 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 Matthew Dababneh

Office, Agency or Court California State Assembly

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 4-17-15

(c)(1)

Filer's Signatu

Comments: