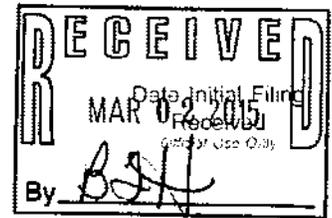


**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**



1582

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Daly Tom

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 California State Assembly  
 Division, Board, Department, District, if applicable  
 District 69  
 Your Position  
 State Assemblyman

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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 PRACTICES COMMISSION  
 2015 MAR -2 PM 5:51

**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: 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
- 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 a  
 I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-2-15 Signature \_\_\_\_\_  
 (month, day, year)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Tom Daly

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Solorio for Senate 2014

ADDRESS (Business Address Acceptable)  
 3605 Long Beach Blvd., Long Beach, CA 90807

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 n/a

YOUR BUSINESS POSITION  
 n/a

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      TERM (Months/Years)

\_\_\_\_\_ %       None

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Tom Daly

▶ NAME OF SOURCE (Not an Acronym)  
 Parsons Corporation

ADDRESS (Business Address Acceptable)  
 100 W. Walnut St., Pasadena, CA 91124

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 14	\$ 270.00	tickets
01 / 01 / 14	\$ 141.00	meals
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 EdVoice Institute

ADDRESS (Business Address Acceptable)  
 1107 9th St., Suite 680, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 14	\$ 144.94	meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)  
 1717 I St., Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 95.00	meal
02 / 12 / 14	\$ 7.50	lunch
03 / 19 / 14	\$ 8.30	lunch

▶ 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  
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	\$ 83.00	meal
02 / 24 / 14	\$ 85.43	meal
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 131.24	meals*
08 / 18 / 14	\$ 36.17	breakfast
11 / 06 / 14	\$ 73.63	meal

▶ NAME OF SOURCE (Not an Acronym)  
 The Wine Institute

ADDRESS (Business Address Acceptable)  
 915 L St., Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 wine industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	\$ 47.79	meal
08 / 21 / 14	\$ 46.67	reception
___ / ___ / ___	\$ _____	_____

\* lunch \$23.98 and dinner \$107.29 - total \$131.24  
 Comments:

**SCHEDULE D**  
**Income – Gifts**

Name  
**Tom Daly**

▶ NAME OF SOURCE (Not an Acronym)  
**Orange County Association of REALTORS**

ADDRESS (Business Address Acceptable)  
**25552 La Paz Road, Laguna Hills, CA 92653**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**n/a**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 14	\$ 55.00	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Santa Ana Chamber of Commerce**

ADDRESS (Business Address Acceptable)  
**1631 West. Sunflower Ave., Santa Ana 92704**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**n/a**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 14	\$ 50.97	meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California Trucking Association**

ADDRESS (Business Address Acceptable)  
**4148 E. Commerce Way, Sacramento, CA 95834**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**n/a**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 14	\$ 217.00	meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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  
**n/a**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	\$ 234.72	meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California Dental Association Foundation**

ADDRESS (Business Address Acceptable)  
**1201 K Street, 14th Floor, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**n/a**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 16 / 14	\$ 8.68	beverage
09 / 18 / 14	\$ 431.32	meals (total)
09 / 21 / 14	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**David Pruitt Consulting, LLC**

ADDRESS (Business Address Acceptable)  
**1414 K Street, Suite 220, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**political consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 27 / 14	\$ 189.81	meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

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

Name  
 Tom Daly

- 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 Chamber of Commerce

ADDRESS (Business Address Acceptable)  
 1215 K Street, 14th Floor

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 11 / 11 / 14 - 11 / 12 / 14 AMT: \$ 978.43  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Meals and lodging associated with making a speech.

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

ADDRESS (Business Address Acceptable)  
 1717 I Street

CITY AND STATE  
 Sacramento, CA 95811

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

DATE(S): 12 / 07 / 14 - 12 / 10 / 14 AMT: \$ 1,119.20  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Meals, lodging and transportation associated with making a speech.

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

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

CITY AND STATE  
 San Diego, CA, 92101

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

DATE(S): 11 / 16 / 14 - 11 / 20 / 14 AMT: \$ 3,129.59  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Meals, lodging and transportation associated with making a speech.

▶ NAME OF SOURCE (Not an Acronym)  
 John Wayne Airport

ADDRESS (Business Address Acceptable)  
 3160 Airway Ave.

CITY AND STATE  
 Costa Mesa, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 governmental entity - airport

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 450.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Airport parking from government agency for official travel( limits do not apply).

Comments: \_\_\_\_\_

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

Name  
 Tom Daly

- 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 Dental Association Foundation

ADDRESS (Business Address Acceptable)  
 1201 K Street, 15th Floor

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 09 / 18 / 14 - 09 / 21 / 14 AMT: \$ 3,540.80  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
meals, lodging and transportation associated with  
participation in speech.

▶ 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)  
 California Foundation on the Environment & Economy

ADDRESS (Business Address Acceptable)  
 Pier 35, Suite 202

CITY AND STATE  
 San Francisco, CA 94133

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

DATE(S): 05 / 15 / 14 - 05 / 16 / 14 AMT: \$ 486.09  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
meals and lodging associated with participation in  
speech.

▶ 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: \_\_\_\_\_

**RECEIVED**  
 MAY 15 2015  
 By: *[Signature]*

**SCHEDULE D**  
**Income - Gifts**  
 RECEIVED  
 2015 MAY 27 PM 2:45

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

RR

▶ NAME OF SOURCE (Not an Acronym)  
California Democratic Party  
 ADDRESS (Business Address Acceptable)  
1830 9th Street, Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 14</u>	<u>\$ 67.73</u>	<u>meal</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)  
California Issues Forum  
 ADDRESS (Business Address Acceptable)  
1717 I Street, Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 21 / 14</u>	<u>\$ 7.70</u>	<u>lunch</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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

**Filer's Verification**

Print Name Tom Daly

Office, Agency or Court State Assembly

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 5-14-15

Filer's Signature (c)(1)

Comments: \_\_\_\_\_