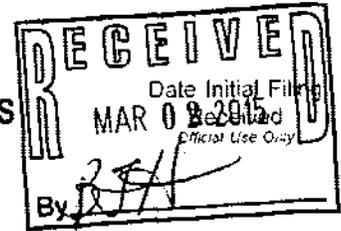


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dodd William H.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

4th Assembly District

Your Position

Assemblymember

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 5:55

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.
- 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.
- Assuming Office: Date assumed ____/____/____
- 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: 7

- 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



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

Date Signed 03/02/2015
(month, day, year)

Signature

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

CALIFORNIA FORM

700

FAIR POLITICAL PRACTICES COMMISSION

Name

William H Dodd

<BLUE> is a required field

- 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 gift limit, but may result in a disqualifying conflict of interest.

NAME AND ADDRESS OF SOURCE <i>(Business Address Acceptable)</i>	BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3)	DATE(S) (mm/dd/yy) (if gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	MADE A SPEECH/ PARTICIPATED IN A PANEL	DESCRIPTION
EdVoice 1107 9th street suite 680 Sacramento CA 95814	Research and education policy	yes	7/29/14-7/30/14	\$ 393.44	Gift	yes	Made a Speech/Participated in a panel
Civil Justice Association of California 1201 K street suite 1850 Sacramento California 95814	civil justice		6/19/2014	\$ 699.47	Gift	yes	Made a Speech/Participated in a panel
California Issues Forum 1717 I street Sacramento, CA 95814			12/8/14-12/10/14	\$ 150.00	Gift	yes	Made a Speech/Participated in a panel
TechNet 5050 El Camino real suite 106 Los Altos CA 94022			12/11/14-12/12/14	\$ 340.00	Gift	yes	Made a Speech/Participated in a panel