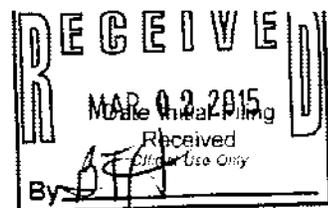


**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**



78K

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 GOMEZ JIMMY 2015 MAR -2 PM 3:17

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

Agency Name (Do not use acronyms)  
 California State Assembly  
 Division, Board, Department, District, if applicable  
 District 51  
 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)**

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

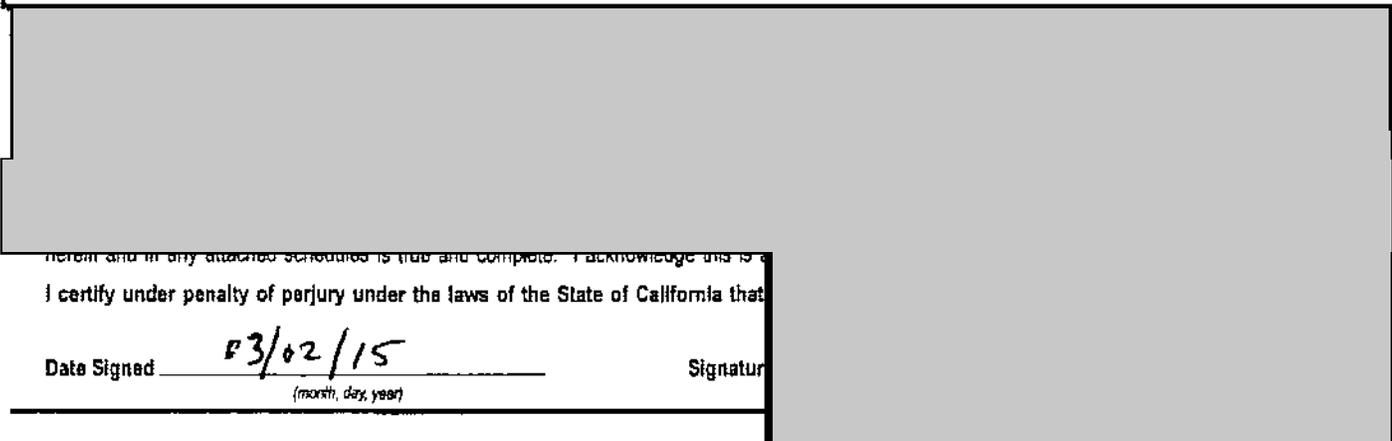
**3. Type of Statement (Check at least one box)**

- 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 \_\_\_\_\_
- 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: 9

- 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 the information provided herein and in any attached schedules is true and complete. I acknowledge this is a public document.

Date Signed 03/02/15 Signature \_\_\_\_\_  
 (month, day, year)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_  
**JIMMY GOMEZ**

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 UFCW Western States Superfund

ADDRESS (Business Address Acceptable)  
 8530 Stanton Ave. Ste. 2A, Buena Park, CA 90620

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  
 SG&A Campaigns

ADDRESS (Business Address Acceptable)  
 600 Playhouse Alley #504, Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Political Consulting

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)

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>JIMMY GOMEZ</b>
---

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Getty House Foundation

ADDRESS (Business Address Acceptable)  
 605 S. Irving Blvd., Los Angeles, CA 90005

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 \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

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

Guarantor \_\_\_\_\_

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

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
 Amer. Fed. of State, County & Municipal Employees

ADDRESS (Business Address Acceptable)  
 1121 L St., Suite 904, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	\$ 109.57	Food and Beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Assn. of CA Life and Health Insurance Companies

ADDRESS (Business Address Acceptable)  
 1202 K St., Suite 1820, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 14	\$ 259.08	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)  
 1095 Barona Road, Lakeside, CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 14	\$ 27.63	Breakfast
09 / 16 / 14	\$ 112.17	Dinner
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)  
 1830 9th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)  
 CA Foundation for Commerce and Education

ADDRESS (Business Address Acceptable)  
 1215 K Street, Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)  
 Consumer Attorneys of CA

ADDRESS (Business Address Acceptable)  
 770 L Street #1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 14	\$ 55.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**JIMMY GOMEZ**

▶ NAME OF SOURCE (Not an Acronym)  
**CA Latino Caucus Leadership PAC**

ADDRESS (Business Address Acceptable)  
**777 S. Figueroa Street, Suite 4050, LA, CA 90017**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 14	\$ 24.60	Food and Beverage
02 / 26 / 14	\$ 194.84	Framed Poster
08 / 21 / 14	\$ 156.28	Dinner

▶ NAME OF SOURCE (Not an Acronym)  
**CA New Car Dealers Association**

ADDRESS (Business Address Acceptable)  
**1415 L Street, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	\$ 68.28	Food and Beverage
08 / 25 / 14	\$ 49.89	Food and Beverage
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**CA Professional Firefighters**

ADDRESS (Business Address Acceptable)  
**1780 Creekside Oaks Drive, Sacramento, CA 95833**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 14	\$ 151.27	Fire Helmet
/ /	\$	
/ /	\$	

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 95.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Check into Cash, Inc.**

ADDRESS (Business Address Acceptable)  
**1201 K Street, Studio 750, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	\$ 95.44	Dinner
/ /	\$	
/ /	\$	

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

ADDRESS (Business Address Acceptable)  
**PO Box 150084, San Rafael, CA 94915**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**JIMMY GOMEZ**

▶ NAME OF SOURCE (Not an Acronym)  
Latino Caucus Foundation

ADDRESS (Business Address Acceptable)  
777 S. Figueroa St., Suite 4050 LA, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 05 / 14</u>	<u>\$ 19.53</u>	<u>Breakfast</u>
<u>10 / 15 / 14</u>	<u>\$ 75.50</u>	<u>Reception</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
LA Area Chamber of Commerce

ADDRESS (Business Address Acceptable)  
350 S. Bixel Street, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 30 / 14</u>	<u>\$ 159.00</u>	<u>Dinner Ticket</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Parsons

ADDRESS (Business Address Acceptable)  
100 West Walnut Street, Pasadena, CA 91124

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 14</u>	<u>\$ 180.00</u>	<u>Parade Tickets</u>
<u>01 / 01 / 14</u>	<u>\$ 94.00</u>	<u>Brunch Tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
PepsiCo Inc.

ADDRESS (Business Address Acceptable)  
17717 Aliso Creek Road, Aliso Viejo, CA 92656

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 10 / 14</u>	<u>\$ 66.86</u>	<u>Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Sempra Energy

ADDRESS (Business Address Acceptable)  
1220 9th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 22 / 14</u>	<u>\$ 58.03</u>	<u>Food and Beverage</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., Suite 101, Encinitas, CA 92024

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 06 / 14</u>	<u>\$ 16.21</u>	<u>Dinner</u>
<u>01 / 22 / 14</u>	<u>\$ 35.00</u>	<u>Dinner</u>
<u>02 / 03 / 14</u>	<u>\$ 27.64</u>	<u>Food and Beverage</u>

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

**SCHEDULE D**  
**Income – Gifts**

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 14	\$ 44.31	Framed Print
11 / 30 / 14	\$ 33.45	Food and Beverage
12 / 01 / 14	\$ 43.39	Meals

▶ NAME OF SOURCE (Not an Acronym)  
 Rotary Club of Oklahoma City  
 ADDRESS (Business Address Acceptable)  
 119 North Robinson Ave., Oklahoma City, OK 73102  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 24 / 14	\$ 80.00	Game Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 United Domestic Workers of America  
 ADDRESS (Business Address Acceptable)  
 4855 Seminole Drive, San Diego, CA 92115  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 69.54	Reception
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 United Nurses Association of CA  
 ADDRESS (Business Address Acceptable)  
 956 Overland Court, San Dimas, CA 91773  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 12 / 14	\$ 20.80	Dinner
08 / 19 / 14	\$ 64.25	Dinner
/ /	\$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	\$ 63.00	Lunch
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 BNSF Railway Company  
 ADDRESS (Business Address Acceptable)  
 1 World Trade Ctr, Ste 1680, Long Beach, CA 90831  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 26 / 14	\$ 260.38	Dinner
/ /	\$	
/ /	\$	

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**JIMMY GOMEZ**

▶ NAME OF SOURCE *(Not an Acronym)*  
 Los Angeles Dodgers

ADDRESS *(Business Address Acceptable)*  
 1000 Elysian Park Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 22 / 14	\$ 200.00	Game Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Equality California

ADDRESS *(Business Address Acceptable)*  
 202 W. First St, Suite 3-0130, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	\$ 50.00	Dinner Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

Name  
JIMMY GOMEZ

- 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.

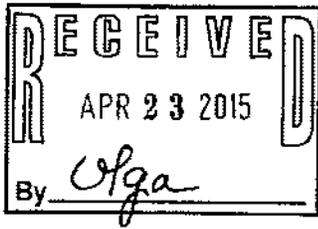
▶ NAME OF SOURCE (Not an Acronym)  
Assn. of CA Life and Health Insurance Companies  
 ADDRESS (Business Address Acceptable)  
1202 K Street, Suite 1820  
 CITY AND STATE  
Sacramento, CA 95814  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): 10 / 01 / 14 - 10 / 02 / 14 AMT: \$ 823.13  
(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 Foundation on the Environment & the Economy  
 ADDRESS (Business Address Acceptable)  
Pier 35, Suite 202  
 CITY AND STATE  
San Francisco, CA 94113  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): 02 / 27 / 14 - 02 / 28 / 14 AMT: \$ 374.77  
(if gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Lodging, meals, and transportation for Information and  
Communications Technology Roundtable Conference  
 \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
CA Foundation on the Environment & the Economy  
 ADDRESS (Business Address Acceptable)  
Pier 35, Suite 202  
 CITY AND STATE  
San Francisco, CA 94113  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): 11 / 07 / 14 - 11 / 19 / 14 AMT: \$ 11,048.36  
(if gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Airfare, accommodations/hotels, and meals for Chile  
Energy and Infrastructure study trip  
 \_\_\_\_\_

▶ 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  
STATE OF CALIFORNIA  
**SCHEDULE D**  
**Income - Gifts**  
2015 APR 27 PM 3:08



RR

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

ADDRESS (Business Address Acceptable)  
1830 Ninth 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>\$</u>	<u>\$67.73 food/beverages</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

**Filer's Verification**

Print Name Jimmy Gomez

Office, Agency or Court State Assembly

Statement Type  2014/2015 Annual  Assuming  Leaving  
 <sup>(b)</sup> 2014 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 04/23/15

Filer's Signature (c)(1)

Comments: