

Please type or print in ink.

2015 APR 21 PM 1:57

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 GONZALEZ LORENA SOFIA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CALIFORNIA STATE ASSEMBLY
 Division, Board, Department, District, if applicable Your Position
 80TH ASSEMBLY DISTRICT ASSEMBLYWOMAN

► 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: 2
- 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

5. Verification

(c)(1)

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

Date Signed 04/20/2015
 (month, day, year)

(c)(1)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA DEMOCATIC PARTY

ADDRESS (Business Address Acceptable)
1830 9TH ST, SACRAMENTO CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
POLITICAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 15</u>	<u>\$ 68</u>	<u>FOOD/DRINKS</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>

▶ 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>

▶ 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>

▶ 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>

Filer's Verification

Print Name Lorena Gonzalez

Office, Agency or Court 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.

04/20/2015

(c)(1)

Comments: _____



SCHEDULE D Income – Gifts

▶ 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
POLITICAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 14</u>	<u>\$ 68.00</u>	<u>FOOD/DRINKS</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>

▶ 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>

▶ 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>

▶ 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>

RECEIVED
 CALIFORNIA
 FAIR POLITICAL PRACTICES COMMISSION
 2015 JUN 12 PM 4:55

Filer's Verification

Print Name Lorena Gonzalez

Office, Agency or Court 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.

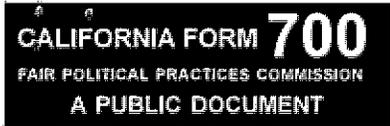
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 06/11/2015

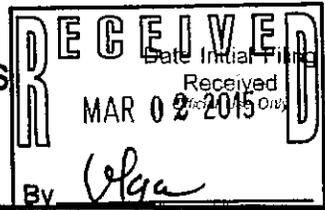
(c)(1)

Comments: _____

BK



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) GONZALEZ LORENA SOFIA

1. Office, Agency, or Court

RR

Agency Name (Do not use acronyms) CALIFORNIA STATE ASSEMBLY
Division, Board, Department, District, if applicable 80TH ASSEMBLY DISTRICT
Your Position ASSEMBLYWOMAN

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 MAR -2 PM 5:56

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, 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, The period covered is January 1, 2014, through the date of leaving office. Assuming Office: Date assumed, Candidate: Election year and office sought

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 7

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(c)(1) [Redacted mailing address]

I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information herein and in any attached schedules is true and complete. I acknowledge that I am subject to the penalties provided in the law for providing false information.

(c)(1) [Redacted signature area]

Date Signed 02/25/2015 (month, day, year)

SCHEDULE D
Income – Gifts

Name
 Lorena Gonzalez

▶ NAME OF SOURCE (Not an Acronym)
 California Business Roundtable

ADDRESS (Business Address Acceptable)
 1301 I Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 14	\$ 68.36	Food/Drink
/ /	\$	
/ /	\$	

▶ 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
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 131.24	Food/Drink
11 / 06 / 14	\$ 73.63	Food/Drink
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 California Healthcare Institute

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 14	\$ 80.49	Food/Drink
/ /	\$	
/ /	\$	

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	\$ 234.72	Food/Drink
/ /	\$	
/ /	\$	

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

ADDRESS (Business Address Acceptable)
 777 S. Figueroa Street, Suite 4050, Los Angeles CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	\$ 198.84	Framed Poster
08 / 21 / 14	\$ 156.28	Food/Drink
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Disneyland Resort Government Relations

ADDRESS (Business Address Acceptable)
 1313 Disneyland Dr, Anaheim, CA 92802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Recreation/Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 14	\$ 274.00	2 Park Passes
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Lorena Gonzalez

▶ NAME OF SOURCE (Not an Acronym)
 Elevate California: Marc Levine Issue Committee

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 14	\$ 107.10	Food/Drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 NBC Universal

ADDRESS (Business Address Acceptable)
 100 Universal City Plaza, Universal City, CA 91608

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 14	\$ 358.00	2 Studio Passes
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Pepsico Incorporated and Affiliated Entities

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Consumer Goods

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	\$ 72.86	Food/Drink
06 / 17 / 14	\$ 37.82	Food/Drinks/Book
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 San Diego County Regional Airport Authority

ADDRESS (Business Address Acceptable)
 PO Box 82776, San Diego CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 14	\$ 120.00	Parking
12 / 09 / 14	\$ 60.00	Parking
12 / 15 / 14	\$ 120.00	Parking

▶ NAME OF SOURCE (Not an Acronym)
 San Diego Regional Chamber of Commerce

ADDRESS (Business Address Acceptable)
 402 West Broadway, Ste 1000, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	\$ 88.82	Food/Drink
05 / 13 / 14	\$ 21.24	Food/Drink
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Semptra

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	\$ 86.60	Food/Drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Lorena Gonzalez

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

ADDRESS (Business Address Acceptable)
 1932 Wildcat Canyon Road, Lakeside CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 14	\$ 112.17	Food/Drink
02 / 28 / 14	\$ 21.68	Food/Drink
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Toni Atkins for Assembly

ADDRESS (Business Address Acceptable)
 330 Encinitas, Blvd, Suite 101, Encinitas, CA 92024

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 14	\$ 45.63	Food/Drink
05 / 12 / 14	\$ 44.31	Framed Print
11 / 30 / 14	\$ 33.45	Food/Drink

▶ 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)
01 / 01 / 14	\$ 90.00	Parade Ticket
01 / 01 / 14	\$ 47.00	Brunch Ticket
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Neighborhood Market Association

ADDRESS (Business Address Acceptable)
 7050 Friars Road #300, San Diego, CA 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	\$ 75.00	Food/Drinks
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Hon. Yvonne Campos

ADDRESS (Business Address Acceptable)
 220 West Broadway, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 18 / 14	\$ 150.00	Gala Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Labor Federation

ADDRESS (Business Address Acceptable)
 1127 11th Street, Suite 425, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 14 / 14	\$ 60.00	Dinner Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
Lorena Gonzalez

▶ 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
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 18 / 14	\$ 36.17	Food/Drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
San Diego County Medical Society

ADDRESS (Business Address Acceptable)
5575 Ruffin Rd #250, San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 14	\$ 150.00	Gala ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
San Diego Building Trades and Construction Trades

ADDRESS (Business Address Acceptable)
3737 Camino del Rio South, San Diego, CA 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 14	\$ 150.00	Dinner ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
777 S. Figueroa St., Suite 4050, Los Angeles CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 14	\$ 82.07	Food/Drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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
 Lorena Gonzalez

- 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

CITY AND STATE
 Sacramento CA 95814

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

DATE(S): 09 / 19 / 14 - 09 / 21 / 14 AMT: \$ 2,816.09
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description reported pursuant to Section 89506(a)(2) of the Government Code

▶ NAME OF SOURCE (Not an Acronym)
 California Latino Caucus Institute

ADDRESS (Business Address Acceptable)
 301 East Colorado Blvd, Suite 800

CITY AND STATE
 Pasadena CA 91101

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

DATE(S): 05 / 08 / 14 - 05 / 09 / 14 AMT: \$ 416.60
 (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)
 EdVoice Insitute

ADDRESS (Business Address Acceptable)
 1107 9th Street, Suite 680

CITY AND STATE
 Sacramento CA 95814

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

DATE(S): 02 / 13 / 14 - 02 / 13 / 14 AMT: \$ 144.94
 (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)
 Equality California

ADDRESS (Business Address Acceptable)
 8350 Santa Monica Blvd. Ste. 200

CITY AND STATE
 West Hollywood, CA 90069

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

DATE(S): 03 / 10 / 14 - 03 / 10 / 14 AMT: \$ 50.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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)*
 National Association of Latino Elected Officials
 ADDRESS *(Business Address Acceptable)*
 1122 W. Washington Blvd
 CITY AND STATE
 Los Angeles, CA 90015

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

DATE(S): 09 / 19 / 15 - 09 / 21 / 15 AMT: \$ 1,703.57
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Scholarship for elected official training

▶ NAME OF SOURCE *(Not an Acronym)*
 National Association of Latino Elected Officials
 ADDRESS *(Business Address Acceptable)*
 1122 W. Washington Blvd
 CITY AND STATE
 Los Angeles, CA 90015

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

DATE(S): 06 / 26 / 14 - 06 / 28 / 14 AMT: \$ 800.00
(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)*

 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)*

 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: _____