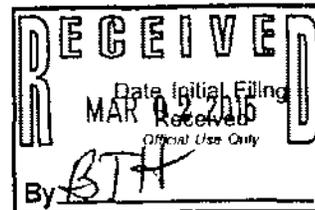


**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

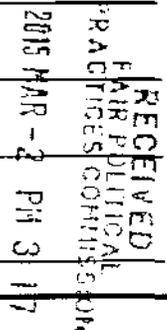


Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Malenschein Brian K

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CA State Assembly
 Division, Board, Department, District, if applicable
 77th 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)

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

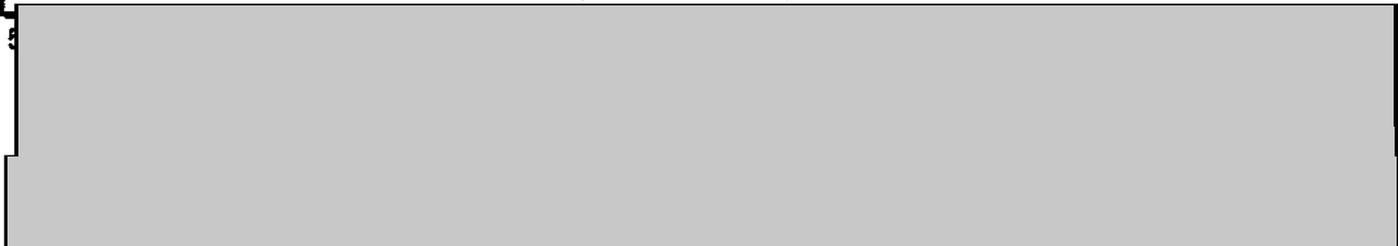
3. Type of Statement (Check at least one box)

- 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: 5

- 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
 Malenscheln

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 University of San Diego School of Law

ADDRESS (Business Address Acceptable)
 5998 Alcalá Park, San Diego, CA 92110

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 University

YOUR BUSINESS POSITION
 Adjunct Professor

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)

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
Malenschein

▶ NAME OF SOURCE *(Not an Acronym)*
Parsons Corporation

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Engineering/Construction Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 14	\$ 440.00	Roses Parade tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Stone Brewing Company

ADDRESS *(Business Address Acceptable)*
1999 Citracado Parkway, Escondido, CA 92029

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Brewery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 15 / 15	\$ 69.84	Lunch & Tour
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Sempra Energy

ADDRESS *(Business Address Acceptable)*
925 L Street, Suite 850, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy

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

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

ADDRESS *(Business Address Acceptable)*
402 W. Broadway, Suite 1000, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	\$ 88.82	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit

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

▶ NAME OF SOURCE *(Not an Acronym)*
University of CA San Diego

ADDRESS *(Business Address Acceptable)*
9500 Gilman Drive, San Diego, CA 92093

BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 14	\$ 161.00	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Maienschein

▶ 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
 Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 14	\$ 247.50	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 San Diego State University

ADDRESS (Business Address Acceptable)
 5500 Campanile Drive, San Diego, CA 92182

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 15 / 14	\$ 40.00	Basketball tickets
11 / 14 / 14	\$ 39.00	Basketball tickets
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Rancho Bernardo Community Foundation

ADDRESS (Business Address Acceptable)
 PO Box 270744, San Diego, CA 92198

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Local Civic Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 25 / 14	\$ 50.00	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Toni Atkins for State Assembly 2014

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 14	\$ 44.31	Inaugural Gift
11 / 30 / 14	\$ 66.90	Food & beverage
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Association of Fundraising Professionals San Diego

ADDRESS (Business Address Acceptable)
 PO Box 882088, San Diego, CA 92168

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Fundraising Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 14	\$ 85.00	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CA Small Business Roundtable

ADDRESS (Business Address Acceptable)
 PO Box 661235, Los Angeles, CA 90066

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 16 / 14	\$ 240.32	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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)
 San Diego County Regional Airport Authority

ADDRESS (Business Address Acceptable)
 PO Box 82776

CITY AND STATE
 San Diego, CA 92101

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

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 4,011.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Parking at the SD Airport for 2014

▶ 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 _____

▶ 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: _____