

2015 APR 15 11:07 AM  
A PUBLIC DOCUMENT

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Nazarian, Adrin

1. Office, Agency, or Court

Agency Name  
California State Assembly  
Division, Board, Department, District, if applicable  
Assembly District 46  
Your Position  
Assemblymember

► If filing for multiple positions, list below or on an attachment.

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 \_\_\_\_\_

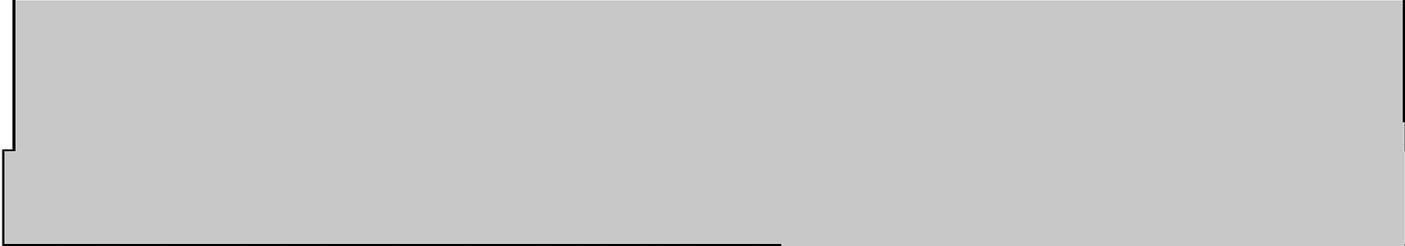
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014  
-or- The period covered is \_\_\_\_\_ through December 31, 2012.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2012, 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 C - Income, Loans, & Business Positions - schedule attached
  - Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
  - Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  
 None - No reportable interests on any schedule

5. Verification



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

Date Signed 04/14/15 (month, day, year) Signature

**SCHEDULE D  
Income – Gifts**

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

ADDRESS (Business Address Acceptable)  
1401 21st Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 20</u>	<u>\$ 67.73</u>	<u>Lunch</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 Adrin Nazarian

Office, Agency or Court Ca State Assembly, District 46

Statement Type  2012/2013 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 04/14/15

Filer's Signature (c)(1)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

RECEIVED  
MAR 02 2015  
By: [Signature]  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)

Nazarian, Adrin

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

Assembly District 46

Your Position

Assemblymember

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

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

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

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- 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.

- 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: 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

5. (c)(1)

I certify under penalty of perjury under the laws of the State of California that the (c)(1)

Date Signed 03-08-15  
(month, day, year)

Signature \_\_\_\_\_

RECEIVED  
2015 MAR -2 PM 3:17  
FAIR POLITICAL PRACTICES COMMISSION



**SCHEDULE D**  
**Income – Gifts**

Name  
**Adrin Nazarian**

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Public Policy**

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

▶ NAME OF SOURCE (Not an Acronym)  
**Pepsi Incorporated**

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Beverage Industry**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	\$ 72.86	72.86
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)  
**1717 I Street, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Public Policy**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 14	\$ 95.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California Grape & Tree Fruit League**

ADDRESS (Business Address Acceptable)  
**978 W. Alluvial, Suite 107, Fresno, CA 93711-5700**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Agricultural**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 14	\$ 78.98	Dinner
02 / 19 / 14	\$ 9.00	Ball Cap
06 / 18 / 14	\$ 104.40	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Citrus Mutual**

ADDRESS (Business Address Acceptable)  
**512 N. Kaweah Ave, Exeter, CA 93221**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Agriculture**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 14	\$ 246.18	Dinner
04 / 01 / 14	\$ 8.65	Box of Oranges
02 / 19 / 14	\$ 3.04	Fresh Fruit
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Labor**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 14	\$ 167.68	Fire helmet & mug
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D  
Income – Gifts**

Name  
**Adrin Nazarian**

▶ NAME OF SOURCE (Not an Acronym)  
**Mooretown Rancheria**

ADDRESS (Business Address Acceptable)  
**1 Alverda Drive, Oroville, CA 95966**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Indian Gaming**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 14	\$ 68.66	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**NBC/Universal & Comcast**

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Entertainment**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 14	\$ 15.34	Movie Screening
01 / 27 / 14	\$ 73.33	Dinner
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Consumer Attorney's**

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Legal**

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

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

ADDRESS (Business Address Acceptable)  
**1401 21st Street, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Public Policy**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 131.24	Polcyy Retreat Meals
08 / 18 / 14	\$ 36.17	Breakfast
11 / 06 / 14	\$ 73.63	Lunch & Policy Conf.
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California Solar Energy Industry Association**

ADDRESS (Business Address Acceptable)  
**1107 9th Street, Suite 820, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Bullding Industry**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	\$ 56.96	Reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**EdVoice**

ADDRESS (Business Address Acceptable)  
**1107 9th Street, #680, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Public Policy**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 14	\$ 65.36	Lunch
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

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

**SCHEDULE D**  
**Income – Gifts**

Name  
Adrin Nazarian

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 08 / 14</u>	<u>\$ 15.33</u>	<u>Wine Reception</u>
<u>05 / 12 / 14</u>	<u>\$ 44.31</u>	<u>Framed Print</u>
<u>05 / 14 / 14</u>	<u>\$ 116.46</u>	<u>Dinner</u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 30 / 14</u>	<u>\$ 33.45</u>	<u>Reception</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
California New Car Dealers Association  
 ADDRESS (Business Address Acceptable)  
1415 L Street #700, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 09 / 14</u>	<u>\$ 68.28</u>	<u>Reception</u>
<u>08 / 25 / 14</u>	<u>\$ 49.89</u>	<u>Reception</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
United Nurses Association  
 ADDRESS (Business Address Acceptable)  
955 Overland Ct, San Dimas, CA 91733  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 12 / 14</u>	<u>\$ 47.80</u>	<u>Dinner</u>
<u>03 / 07 / 14</u>	<u>\$ 10.87</u>	<u>Reception</u>
<u>08 / 19 / 14</u>	<u>\$ 64.25</u>	<u>Dinner</u>

▶ 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  
International Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 26 / 14</u>	<u>\$ 234.72</u>	<u>Dinner with President</u>
<u>    /    /    </u>	<u>\$</u>	<u>of Mexico</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>

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

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

Name  
 Adrin Nazarian

- 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)  
 EDVoice

ADDRESS (Business Address Acceptable)  
 1107 Ninth Street, Suite 680

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 05 / 13 / 14 AMT: \$ 74.64  
(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 \_\_\_\_\_

▶ 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: \_\_\_\_\_