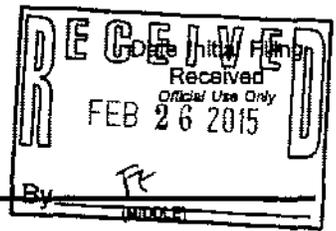


**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**



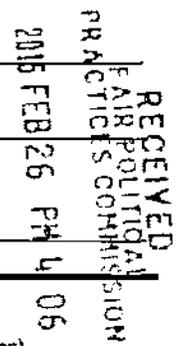
Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
 Olsen Kristin Michelle

RR

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

Agency Name (Do not use acronyms)  
 California State Legislature  
 Division, Board, Department, District, if applicable  
 Assembly District 12  
 Your Position  
 State Assemblymember  
 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 \_\_\_\_\_  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 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.

**4. Schedule Summary**

Check applicable schedules or "None." **Total number of pages including this cover page: 9**

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

I certify under penalty of perjury under the laws of the State of California that  
 Date Signed 2/26/15 Signature \_\_\_\_\_  
 (month, day, year)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

*Kristin Olsen*

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
2104 La Jolla Court

CITY  
Modesto

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
Lisa Bosio

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_ %       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_ %       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Kristin Olsen

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Think Tank Learning</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>5104 Old Ironsides Dr#113, Bdg #4, Santa Clara, CA</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education Consulting</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Spouse; Vice President</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more _____ <i>(Describe)</i>  <input type="checkbox"/> Other _____ <i>(Describe)</i>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more _____ <i>(Describe)</i>  <input type="checkbox"/> Other _____ <i>(Describe)</i>

**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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence  <input type="checkbox"/> Real Property _____ <i>Street address</i> _____ <i>City</i>  <input type="checkbox"/> Guarantor _____  <input type="checkbox"/> Other _____ <i>(Describe)</i>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____		
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000		

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Kristin Olsen

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

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

▶ NAME OF SOURCE (Not an Acronym)  
 Western States Petroleum Association

ADDRESS (Business Address Acceptable)  
 1415 L Street #1200, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 14	\$ 146.90	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 14	\$ 123.75	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 State Building Trade Council of CA

ADDRESS (Business Address Acceptable)  
 1231 I Street, #302, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 14	\$ 112.87	Dinner & Tool Bar Gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 14	\$ 151.27	Fire Ops 101 Helmet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 CA Strawberry Commission

ADDRESS (Business Address Acceptable)  
 P.O. Box 269, Watsonville, CA 95077

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 14	\$ 241.36	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D  
 Income – Gifts**

Name  
 Kristin Olsen

▶ NAME OF SOURCE (Not an Acronym)  
 CA Correctional Peace Officers

ADDRESS (Business Address Acceptable)  
 1415 L Street #410, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 14	\$ 272.47	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 CA Independent Petroleum Association

ADDRESS (Business Address Acceptable)  
 1001 K Street, 6th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 14	\$ 127.43	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 CA Manufactures & Technology Association

ADDRESS (Business Address Acceptable)  
 1115 11th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 14	\$ 146.90	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 CA Association of Winegrape Growers

ADDRESS (Business Address Acceptable)  
 1325 J Street #1560, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 25 / 14	\$ 80.48	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)  
 512 North Kaweah Avenue, Exeter, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 14	\$ 55.54	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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 D  
 Income – Gifts**

Name  
 Kristin Olsen

▶ NAME OF SOURCE (Not an Acronym)  
 CA Dental Association

ADDRESS (Business Address Acceptable)  
 1201 K Street, 14th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 14	\$ 14.06	Food & Beverages
05 / 27 / 14	\$ 7.00	Food & Beverages
06 / 20 / 14	\$ 10.00	Food & Beverages

▶ NAME OF SOURCE (Not an Acronym)  
 CA Dental Assoc Continued

ADDRESS (Business Address Acceptable)  
 1201 K Street, 14th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 16 / 14	\$ 37.87	Food & Beverages
09 / 03 / 14	\$ 20.95	Food & Beverages
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Ed Voice

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

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

▶ NAME OF SOURCE (Not an Acronym)  
 Cal Chamber

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 14	\$ 32.06	Food & Beverages
08 / 06 / 14	\$ 25.70	Food & Beverages
____ / ____ / ____	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Education Public Policy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 27 / 14	\$ 234.72	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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  
 Kristin Olsen

- 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)  
 CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)  
 Pier 35, Suite 202

CITY AND STATE  
 San Francisco, CA 94133

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

DATE(S): 09 / 29 / 14 - 09 / 30 / 14 AMT: \$ 573.71  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
participated in a conference on water issues

▶ 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 94133

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

DATE(S): 05 / 15 / 14 - 05 / 16 / 14 AMT: \$ 723.51  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
participated in a conference on transportation & infrastructure issues

▶ 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 94133

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

DATE(S): 04 / 10 / 14 - 04 / 19 / 14 AMT: \$ 5,723.52  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
participated in a study travel project trip to Canada

▶ NAME OF SOURCE (Not an Acronym)  
 Independent Voter Project

ADDRESS (Business Address Acceptable)  
 101 West Broadway #1460

CITY AND STATE  
 San Diego, CA 92101

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

DATE(S): 11 / 16 / 14 - 11 / 20 / 14 AMT: \$ 2,914.00  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
participated in a business and leadership conference

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

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

Name  
Kristin Olsen

- 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)  
Ed Voice

ADDRESS (Business Address Acceptable)  
1107 9th Street #680

CITY AND STATE  
Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Institute for research and education

DATE(S): 05 / 13 / 14 - 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 \_\_\_\_\_  
participated in a discussion on student data systems

▶ NAME OF SOURCE (Not an Acronym)  
Ed Voice

ADDRESS (Business Address Acceptable)  
1107 9th Street #680

CITY AND STATE  
Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Institute for research and 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 \_\_\_\_\_  
participated in a teacher preparation seminar

▶ NAME OF SOURCE (Not an Acronym)  
Association of CA Life & Health Insurance Companies

ADDRESS (Business Address Acceptable)  
1201 K Street #1820

CITY AND STATE  
Sacramento, CA 95814

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

DATE(S): 10 / 02 / 14 - 10 / 02 / 14 AMT: \$ 1,105.90  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
participated on a panel regarding Innovation and change in California

▶ NAME OF SOURCE (Not an Acronym)  
Western State Petroleum Association

ADDRESS (Business Address Acceptable)  
1415 L Street #1200

CITY AND STATE  
Sacramento, CA 95814

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

DATE(S): 09 / 30 / 14 - 10 / 01 / 14 AMT: \$ 382.77  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
participated in a conference on Petroleum Industry Workforce

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)  
 Cal Chamber

ADDRESS (Business Address Acceptable)  
 1215 K Street #1400

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 11, 12, 14 - 11, 12, 14 AMT: \$ 325.20  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 participated in a public affairs conference

▶ NAME OF SOURCE (Not an Acronym)  
 CA Association of Collectors

ADDRESS (Business Address Acceptable)  
 1455 Response Road #240

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 04, 07, 14 - 04, 07, 14 AMT: \$ 77.81  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 participated on an education essay reading panel

▶ 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: \_\_\_\_\_