AB12

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Date Initial Filing Received
MAR 02 2015
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By

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Perea	Henry	T.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Assembly

Division, Board, Department, District, if applicable: District 31

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)*

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

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

- [x] **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 A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **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 *(month, day, year)* Signatur

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Henry T. Perea

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
646 E. Beverly Drive

CITY
Fresno, CA

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

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 ____% ☐ None

TERM (Months/Years)

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 ____% ☐ None

TERM (Months/Years)

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
Henry T. Perea

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Wells Fargo

ADDRESS *(Business Address Acceptable)*
420 Montgomery Street San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
banking

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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Henry T. Perea

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
SEE ATTACHED

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)
___/___/___	$_____	_____
___/___/___	$_____	_____
___/___/___	$_____	_____

► 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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Henry T. Perea

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)*
Assn. of California Life & Health Insurance Companies
ADDRESS *(Business Address Acceptable)*
1201 K Street, Ste. 950
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 10/01/14 - 10/03/14 *(If gift)* AMT: $ 823.10
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
California Foundation on the Environment & Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 04/10/14 - 04/19/14 *(If gift)* AMT: $ 5,869.41
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Transportation, meals, lodging to attend public policy conference

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▶ NAME OF SOURCE *(Not an Acronym)*
California Foundation on the Environment & Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11/06/14 - 11/14/14 *(If gift)* AMT: $ 10,221.25
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Transportation, meals, lodging in connection with Chile public policy/study travel project

---

▶ NAME OF SOURCE *(Not an Acronym)*
California Correctional Peace Officers. Assn.
ADDRESS *(Business Address Acceptable)*
755 Riverpoint Drive
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 07/11/14 - 07/12/14 *(If gift)* AMT: $ 2,337.98
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Henry T. Perea

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)*
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
101 W. Broadway, Ste. 1460
CITY AND STATE
San Diego, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11 / 16 / 14 - 11 / 20 / 14 *(If gift)* AMT: $ 2,148.42

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Note: participated in multiple panels during business & leadership conference

---

▶ NAME OF SOURCE *(Not an Acronym)*
American Israel Public Affairs Committee
ADDRESS *(Business Address Acceptable)*
251 H Street NW
CITY AND STATE
Washington, DC
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 12 / 06 / 14 - 12 / 14 / 14 *(If gift)* AMT: $ 11,549.86

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
transportation, food, lodging, incidentals for Israel education & public policy trip

---

▶ NAME OF SOURCE *(Not an Acronym)*
Office of the President of the Republic of El Salvador
ADDRESS *(Business Address Acceptable)*
Alameda Dr. Manuele Enrique Araujo #550
CITY AND STATE
San Salvador, El Salvador
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 07 / / 14 - / / AMT: $ 1,500.00 *(If gift)*

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Ground transportation in connection with Central America public policy 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:

FORM 700 SCHEDULE D ATTACHMENT
HENRY T. PEREA

Name of Source	Address	Business Activity (if any)	Date	Value	Description of Gift(s)
California Business Roundtable	1301 I Street Sacramento, CA 95814	n/a	4/29/14	$68.36	dinner
California Assn. of Nurseries & Garden Centers	1521 I Street Sacramento, CA 95814	n/a	2/19/14	$16.28	plant & bag
California Assn. of Nurseries & Garden Centers	1521 I Street Sacramento, CA 95814	n/a	2/19/14	$241.36	meal
California Assn. of Nurseries & Garden Centers	1521 I Street Sacramento, CA 95814	n/a	3/19/14	$12.04	meal
California Correctional Peace Officers Assn.	755 Riverpoint Drive Sacramento, CA 95605	n/a	7/12/14	$192.50	golf
California Issues Forum	1717 I Street Sacramento, CA 95811	n/a	3/19/14	$8.30	lunch
California Issues Forum	1717 I Street Sacramento, CA 95811	n/a	3/27/14	$60.00	bus ride and lunch for Lawrence Livermore Lab tour
California Issues Forum	1717 I Street Sacramento, CA 95811	n/a	5/21/14	$7.70	meal
California Issues Forum	1717 I Street Sacramento, CA 95811	n/a	8/19/14	$103.00	dinner
California Latino Caucus Leadership PAC	777 S. Figueroa St., Ste. 4050 Los Angeles, CA 90017	n/a	8/19/14	$194.84	framed poster
California Latino Caucus Leadership PAC	400 Capitol Mall, Floor 22 Sacramento CA 95814	n/a	2/28/13	$156.28	dinner
California Foundation for Commerce & Education	1215 K Street, Ste. 1400 Sacramento, CA 95814	n/a	8/26/14	$234.72	luncheon
California Manufacturers & Technology Assn.	1115 Eleventh Street Sacramento, CA 95814	n/a	11/18/14	$146.90	dinner
California State University, Fresno	5244 N. Jackson Ave. KC45 Fresno, CA 93740	n/a	5/13/14	$259.74	helmet - $259.74 reimbursed by Assemblymember Perea
California State University, Fresno	5244 N. Jackson Ave. KC45 Fresno, CA 93740	n/a	9/13/14	$85.58	event ticket, food
California State University, Fresno	5244 N Jackson Ave. KC45 Fresno, CA 93740	n/a	8/21/14	$354.42	event tickets, food, beverage
CALSTART	48 S. Chester Ave. Pasadena, CA 91106	n/a	1/22/14	$54.92	appetizers & beverage

FORM 700 SCHEDULE D ATTACHMENT
HENRY T. PEREA

Name of Source	Address	Business Activity (if any)	Date	Value	Description of Gift(s)
Central Valley Children's Hospital	9300 Valley Children's Place Madera, CA 93636	n/a	1/18/14	$356.00	show tickets
CTIA The Wireless Association	1400 16th Street NW, Ste. 600 Washington, DC 20036	n/a	6/16/14	$119.01	dinner
Disneyland	1313 Disneyland Drive Anaheim, CA 92802	amusement park	5/16-17/14	$368.00	passes
Governor's Cup Foundation	755 Riverpoint Drive Sacramento, CA 95605	n/a	7/13/14	$192.50	golf
Independent Voter Project	101 W. Broadway, Ste. 1460 San Diego, CA 92101	n/a	11/20/14	$173.29	reception
Legislative Assembly of the Republic of El Salvador	Palacio Legislativio San Salvador, El Salvador	n/a	7/15-17/14	$150.00	dinner and visit commemorative gift
Ministry of Foreign Affairs of El Salvador	Calle El Pedregal Blvd. Cancilleria, El Salvador	n/a	7/15-17/14	$200.00	meals, translation services, visit commemorative gift
PG&E	1415 L Street, Ste. 280 Sacramento, CA 95814	utilities	11/14/14	$31.61	wine
PG&E	1415 L Street, Ste. 280 Sacramento, CA 95814	utilities	4/9/14	$359.50	game tickets
PG&E	1415 L Street, Ste. 280 Sacramento, CA 95814	utilities	7/11/14	$28.89	beverages
PG&E	1415 L Street, Ste. 280 Sacramento, CA 95814	utilities	7/9/14	$20.00	lunch
Personal Insurance Federation of California	1201 K Street, Suite 950 Sacramento, CA 95814	n/a	7/1/14	$147.77	dinner
Personal Insurance Federation of California	1201 K Street, Suite 950 Sacramento, CA 95814	n/a	12/2/14	$28.90	lunch
Personal Insurance Federation of California	1201 K Street, Suite 950 Sacramento, CA 95814	n/a	1/13/14	$59.89	dinner
Sempra	925 L Street, Ste. 650 Sacramento, CA 95814	utilities	1/27/14	$35.00	pen
Sempra	925 L Street, Ste. 650 Sacramento, CA 95814	utilities	4/13/14	$45.07	meal

FORM 700 SCHEDULE D ATTACHMENT
HENRY T. PEREA

Name of Source	Address	Business Activity (if any)	Date	Value	Description of Gift(s)
Sempra	925 L Street, Ste. 650 Sacramento, CA 95814	utilities	9/10/14	$100.00	game ticket
Southern California Edison	2244 Walnut Grove Ave. Rosemead, CA 91770	utilities	8/13/14	$13.23	meal
Southern California Edison	2244 Walnut Grove Ave. Rosemead, CA 91770	utilities	10/27/14	$78.07	meal
TechAmerica	1400 K Street, Ste. 201 Sacramento, CA 95814	technology business	1/21/14	$53.29	food & beverage
University of Southern California	3551 Trousdale Pkway #110 Los Angeles, CA 90089	n/a	8/26/14	$98.16	helmet
University of Southern California	3551 Trousdale Pkway #110 Los Angeles, CA 90089	n/a	11/29/14	$280.00	reception & game tickets
Western States Petroleum Association	2350 Kerner Boulevard, Suite 250 San Rafael, CA 94901	n/a	11/18/14	$146.90	dinners
Yum Brands	1441 Gardiner Lane Louisville, KY 40213	restaurants	5/2/14	$100.00	event tickets

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FAIR POLITICAL PRACTICES COMMISSION
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SCHEDULE D
Income – Gifts

BK

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► 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)
05 / 20 / 14	$ 68	food & beverages
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Henry T. Perea

Office, Agency or Court State Assembly

Statement Type ☐ 2014/2015 Annual ☐ Assuming ☐ Leaving
☒ 2014 (yr) 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 4/20/15

(c)(1)

Filer's Signature

Comments: