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
By

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Ridley-Thomas Sebastian

1. Office, Agency, or Court

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

Division, Board, Department, District, If applicable
District 54

Your Position
Assemblymember

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

Agency: _____ Position: _____

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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 ___/___/_____
- [ ] **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:*** 75

- [ ] **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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5

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

Date Signed 3-2-15 (month, day, year) Signature

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Sebastian Ridley-Thomas

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Marc Levine
ADDRESS *(Business Address Acceptable)*
P.O. Box 150084, San Rafael CA 94915
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 14	$ 107.10	food
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Solar Energy Industries Association
ADDRESS *(Business Address Acceptable)*
1107 9th Street, Suite 820, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	$ 56.96	food
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Tribal Business Alliance
ADDRESS *(Business Address Acceptable)*
1530 J Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Alliance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 14	$ 22.67	food
07 / 24 / 14	$ 89.44	food
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Universiaty of Southern California
ADDRESS *(Business Address Acceptable)*
3551 Trousdale Pkwy., Suite 260, Los Angeles 90089
BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	$ 63.00	food
/ /	$	
/ /	$	

► 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 Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	$ 131.24	food
08 / 18 / 14	$ 36.17	food
11 / 06 / 14	$ 73.63	food

► NAME OF SOURCE *(Not an Acronym)*
California Cattlemen's Association
ADDRESS *(Business Address Acceptable)*
1221 H Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Assocation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 14	$ 65.00	food & hat
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Sebastian Ridley-Thomas

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Business Properties Association
ADDRESS *(Business Address Acceptable)*
1121 L Street, Suite 809
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 14	$ 93.37	food
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Sempra Energy
ADDRESS *(Business Address Acceptable)*
925 L Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 14	$ 55.66	food & parking
04 / 22 / 14	$ 58.03	food & beverage
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Foundation for Commerce & Education
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1400, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Foundation

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

► NAME OF SOURCE *(Not an Acronym)*
NBC Universal
ADDRESS *(Business Address Acceptable)*
100 Universal City Plaza #1280 Universal City 91608
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 01 / 14	$ 96.00	food & screening
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
BNSF Railway Company
ADDRESS *(Business Address Acceptable)*
One World Trade Center, #1680 Long Beach 90831
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 26 / 14	$ 130.19	food & beverage
/ /	$	
/ /	$	

► 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
Sebastian Ridley-Thomas

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Toni Atkins for Assembly 2014
ADDRESS *(Business Address Acceptable)*
330 Encinitas Blvd., Ste. 101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 14	$ 44.31	framed picture
11 / 30 / 14	$ 33.45	food & beverage
/ /	$	

► 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
Sebastian Ridley-Thomas

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 Conference of State Legislatures
ADDRESS *(Business Address Acceptable)*
7700 E. First Place
CITY AND STATE
Denver CO 80230
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11 / 13 / 14 - 11 / 15 / 14 *(If gift)* AMT: $ 7,545.50

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Legislative Policy Seminar

▶ NAME OF SOURCE *(Not an Acronym)*
Council of State Governments
ADDRESS *(Business Address Acceptable)*
1107 Ninth Street, Suite 730
CITY AND STATE
Sacramento CA 95814
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11 / 17 / 14 - 11 / 20 / 14 *(If gift)* AMT: $ 2,188.94

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

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Legislative Policy Seminar

▶ NAME OF SOURCE *(Not an Acronym)*
California Independent Petroleum Association
ADDRESS *(Business Address Acceptable)*
1001 K Street, Sixth Floor
CITY AND STATE
Sacramento CA 95814
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 12 / 04 / 14 - 12 / 05 / 14 *(If gift)* AMT: $ 412.88

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): / / - / / *(If gift)* AMT: $

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments:

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SCHEDULE D
Income – Gifts

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

► 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 Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 14	$ 68	food and 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)
/ /	$	
/ /	$	
/ /	$	

► 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 Sebastian Ridley-Thomas

Office, Agency or Court California State Assembly

Statement Type ☒ 2014/2015 Annual ☐ Assuming ☐ Leaving
☐ ____ (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 (month, day, year)

Filer's Signature (c)(1)

Comments: