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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
APR 15 2015
Date Received
Official Use Only
By

Please type or print in ink.

NAME OF FILER	(FIRST)	(MIDDLE)
Rodriguez	Freddie	David

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: District 52

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, 2013, through December 31, 2013.
  -or-
  The period covered is ___/___/_____, through December 31, 2013.
- [ ] **Assuming Office:** Date assumed ___/___/_____
- [ ] **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2013, 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 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
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

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

5

[redacted]

I certify under penalty of perjury under the laws of the State of California that [redacted]

Date Signed 04/14/2015 (month, day, year) Signature [redacted]

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

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st Street, Ste. 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 15	$ 68	Lunch
/ /	$	
/ /	$	

▶ 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 _____

Office, Agency or Court _____

Statement Type ☐ 2013/2014 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 _____ *(month, day, year)*

Filer's Signature _____

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
MAR 02 2015
By

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Rodriguez	Freddie	David

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: District 52

Your Position: Assemblymember

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

Agency: _____ Position: _____

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2015 MAR -2 PM 5:

2. Jurisdiction of Office *(Check at least one box)*

- [x] State
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] Multi-County _____
- [ ] County of _____
- [ ] City 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:*** 8

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **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*

5.

(c)(1)

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

(c)(1)

Date Signed 03/02/2015
(month, day, year)

Signa
(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Freddie Rodriguez

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
American Medical Response of Southern CA

ADDRESS *(Business Address Acceptable)*
6200 S. Syracuse Wy., Ste. 200

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Greenwood Village, CO 80111/Emergency services

YOUR BUSINESS POSITION
Emergency Medical Technician

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [x] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] 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: Freddie Rodriguez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): Toni Atkins for State Assembly
ADDRESS (Business Address Acceptable): 300 Encinitas Blvd., Suite 101, Encinitas, CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 08 / 14	$ 15.33	Reception
05 / 12 / 14	$ 44.31	Julie Warren print
05 / 12 / 14	$ 9.00	Inaugural reception

► NAME OF SOURCE (Not an Acronym): Toni Atkins for State Assembly
ADDRESS (Business Address Acceptable): 300 Encinitas Blvd., Suite 101, Encinitas, CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 14	$ 66.90	Welcome reception
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): California EMS Authority
ADDRESS (Business Address Acceptable): 10901 Gold Center Drive, Ste. 400, Rancho Cordova
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Emergency management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 14	$ 70.00	Two tickets to lunch
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): CA Healthcare Institute
ADDRESS (Business Address Acceptable): 1201 K Street, Suite 1840, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 14	$ 80.49	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): California Issues Forum
ADDRESS (Business Address Acceptable): 1717 I Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	$ 95.00	Dinner
02 / 12 / 14	$ 7.50	Lunch
03 / 19 / 14	$ 8.30	Lunch

► NAME OF SOURCE (Not an Acronym): California Issues Forum
ADDRESS (Business Address Acceptable): 1717 I Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 27 / 14	$ 60.00	Transportation/lunch
05 / 21 / 14	$ 7.70	Lunch
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Freddie Rodriguez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St., Ste. 4050, Los Angeles, 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 14	$ 24.60	Reception
06 / 05 / 14	$ 19.53	Breakfast
08 / 21 / 14	$ 156.28	Dinner

► NAME OF SOURCE *(Not an Acronym)*
Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St., Ste. 4050, Los Angeles, 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 14	$ 72.50	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Professional Firefighters
ADDRESS *(Business Address Acceptable)*
1780 Creekside Oaks Drive, Sacramento, CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Emergency services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 14	$ 151.27	Fire helmet
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CTIA The Wireless Assn.
ADDRESS *(Business Address Acceptable)*
1400 16th St., NW, Ste. 600, Washington, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wireless communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 16 / 14	$ 119.01	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Pepsico Incorporated & Affiliated Entities
ADDRESS *(Business Address Acceptable)*
17717 Aliso Creek Rd., Aliso Viejo, CA 92656
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverages

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	$ 159.22	Dinner
06 / 17 / 14	$ 37.82	Reception
06 / 17 / 14	$ 123.18	Dinner

► NAME OF SOURCE *(Not an Acronym)*
Barona Band of Mission Indians
ADDRESS *(Business Address Acceptable)*
1095 Barona Rd., Lakeside, CA 92040
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 14 / 14	$ 115.54	Hotel room/lunch
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Freddie Rodriguez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st St., Ste. 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	$ 131.24	Lunch & Dinner
08 / 18 / 14	$ 36.17	Breakfast
11 / 06 / 14	$ 73.63	Policy Conference

► NAME OF SOURCE *(Not an Acronym)*
CalChamber
ADDRESS *(Business Address Acceptable)*
1215 K St., Ste. 1400, Sacramento, 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 14	$ 95.90	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Equality California
ADDRESS *(Business Address Acceptable)*
1301 I Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	$ 50.00	Ticket to event
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Business Roundtable
ADDRESS *(Business Address Acceptable)*
1041 Fee Drive, Sacramento, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 14	$ 68.38	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Pomona Fairplex
ADDRESS *(Business Address Acceptable)*
1101 W. McKinley Ave., Pomona, CA 91768
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 14	$ 60.00	Wine and olive oil
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
VIP Inc., Inland Empire Caucus
ADDRESS *(Business Address Acceptable)*
8675 Boston Place, Rancho Cucamonga, CA, 91730
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 14	$ 23.20	Breakfast
10 / 02 / 14	$ 41.41	Dinner
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Freddie Rodriguez

SCHEDULE D
Income – Gifts

► 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
n/a

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

► NAME OF SOURCE *(Not an Acronym)*
California Judges Association
ADDRESS *(Business Address Acceptable)*
2520 Venture Oaks Wy., Ste.150, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 14	$ 83.09	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
YK America Regional Center
ADDRESS *(Business Address Acceptable)*
10508 Lower Azusa Rd., Ste. 200, El Monte 91731
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 14	$ 75.00	Dinner
12 / 10 / 14	$ 25.00	Gift basket
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Sacramento River Cats
ADDRESS *(Business Address Acceptable)*
400 Ballpark Drive, West Sacramento, CA 95691
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sports

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 30 / 14	$ 96.00	Baseball game
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Rendon for Assembly
ADDRESS *(Business Address Acceptable)*
3605 Long Beach Blvd., #426, Long Beach, CA 9080
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 12 / 14	$ 43.94	Dinner
03 / 14 / 14	$ 45.75	Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Rotary Club of Oklahoma
ADDRESS *(Business Address Acceptable)*
119 North Robinson Ave., Oklahoma City, OK 73102
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 24 / 14	$ 160.00	Dodgers tickets
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Freddie Rodriguez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
American Medical Response
ADDRESS *(Business Address Acceptable)*
1041 Fee Drive, Sacramento, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Emergency services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 14	$ 27.79	T-shirts & dog tags
12 / 02 / 14	$ 75.00	Meal & 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
Freddie Rodriguez

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)*
Pacific Policy Research Foundation
ADDRESS *(Business Address Acceptable)*
101 Parkshore Drive, Suite 100
CITY AND STATE
Folsom, CA 95630
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11 / 20 / 14 - 11 / 22 / 14 *(If gift)* AMT: $ 1,413.49
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
City of Los Angeles
ADDRESS *(Business Address Acceptable)*
1400 K Street, Suite 208
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 06 / 01 / 14 - 11 / 30 / 14 *(If gift)* AMT: $ 130.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Airport parking

▶ 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

▶ 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: