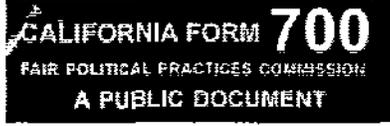
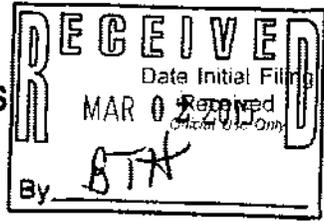


1512



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



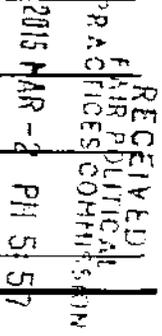
Please type or print in ink.

PR

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms) California State Legislature
Division, Board, Department, District, if applicable
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)

- State, Multi-County, City of, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
Assuming Office: Date assumed 12, 01, 2014
Leaving Office: Date Left
The period covered is January 1, 2014, through the date of leaving office.

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
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on any schedule



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

Date Signed 02/26/2015 (month, day, year)

(c)(1)

**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)  
 Washington Environmental Council

ADDRESS (Business Address Acceptable)  
 1402 Third Avenue, Suite 1400

CITY AND STATE  
 Seattle, WA 93101

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Climate and Clean Energy

DATE(S): 12 / 18 / 14 - 12 / 18 / 14 AMT: \$ 696.20  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
 Travel reimbursement for participation in climate/energy 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 \_\_\_\_\_

▶ 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: \_\_\_\_\_



**SCHEDULE D**  
**Income - Gifts**

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2015 MAR 30 PM

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

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

ADDRESS (Business Address Acceptable)  
1830 9th Street, Sacramento, CA 95822

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 06 / 14</u>	<u>\$ 74</u>	<u>Policy conference</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 Tony Thurmond

Office, Agency or Court California State Legislature

Statement Type  2014/2015 Annual  Assuming  Leaving  
     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 03/25/2015

Filer's Sign (c)(1)

Comments: