

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 State Assembly

Division, Board, Department, District, if applicable
 District 75

Your Position
 Assemblymember

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

Agency: _____ Position: _____

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 FAIR POLITICAL
 PRACTICES COMMISSION
 2015 MAR 2 PM 3:17

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.

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.

Assuming Office: Date assumed ____/____/____

Candidates: 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: 6

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

5. [Redacted]

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

Date Signed 02/27/2015 Signature _____
 (month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Marie Waldron

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Waldron Enterprises LLC

ADDRESS (Business Address Acceptable)
 146 E. Grand Ave, Escondido, CA 92025

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Retail Apparel

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)

▶ 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

\$600 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None

SECURITY FOR LOAN

None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
Marie Waldron

▶ NAME OF SOURCE (Not an Acronym)
Capitol One Services, Inc.

ADDRESS (Business Address Acceptable)
1680 Capitol One Dr. McLean, VA 22102

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Participated on legislative panel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 14	\$ 356.40	Hotel accommodations
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
San Diego Regional Chamber of Commerce

ADDRESS (Business Address Acceptable)
402 W. Broadway, Suite 1000, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	\$ 88.82	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
San Diego Gas & Electric

ADDRESS (Business Address Acceptable)
925 L St, Suite 650, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	\$ 86.60	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
1215 L St., Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Luncheon in honor of the President of Mexico

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	\$ 234.72	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Professional Firefighters

ADDRESS (Business Address Acceptable)
1780 Creekside Oaks Dr. Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Participant in Fire Ops 101

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

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

ADDRESS (Business Address Acceptable)
1095 Baron Rd, Lakeside, CA 92040-1599

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 14	\$ 247.50	Dinner (+guest)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
Marie Waldron

▶ NAME OF SOURCE (Not an Acronym)
 California Healthcare Institute (CHI)

ADDRESS (Business Address Acceptable)
 1201 K St, Suite 1840, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Participant on legislative panel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 04 / 14	\$ 496.02	Lodging & meals
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____

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

Name
 Marie Waldron

- 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)
 TechNet

ADDRESS (Business Address Acceptable)
 5050 El Camino Real, Suite 1006

CITY AND STATE
 Los Altos, CA 94022

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Freshman legislator policy roundtable

DATE(S): 03 / 25 / 14 - / / - / / / AMT: \$ 115.56
(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 _____

▶ 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: _____