

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

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 Date Initial Filing
 FEB 26 2015
 By FE

Please type or print in Ink.

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

P.P.R.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Assembly

Division, Board, Department, District, if applicable

District 37

Your Position

Assemblymember

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

Agency: _____

Position: _____

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 2015 FEB 26 PM 4:06

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.
- 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: 5

- 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
- or-
- None - No reportable interest on any schedule

5 [Redacted Signature Area]

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

Date Signed 2/26/15
 (month, day, year)

Signature

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Das Williams

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 4941 Nipomo Drive

CITY
 Carpinteria

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 05 / 23 / 14 / / / 14
 ACQUIRED 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / 14 / / / 14
 ACQUIRED 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 TERM (Months/Years)
 _____% None

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 TERM (Months/Years)
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments:

**Schedule D
Income - Gifts**

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

700

Name

Das Williams

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
California Democratic Party	1401 21 Street, #200, Sacramento, CA	95811	Political Party	02/04/14	\$ 131.24	Food and Beverage
Kathleen Modugno	2706 Masa School Lane, Santa Barbara, CA	93109	Personal Friend	02/08/14	\$ 55.00	Ticket Pack
VICA	5121 Van Nuys Blvd., Suite 208, Sherman Oaks, CA	91403	Business Advocacy	02/21/14	\$ 75.00	Food and Beverage
Cal State University Long Beach	1250 Bellflower Blvd, Long Beach, CA	90840-0216	Education Organization	03/10/14	\$ 66.96	Food and Beverage
Cal State University Long Beach	1250 Bellflower Blvd, Long Beach, CA	90840-0216	Education Organization	03/10/14	\$ 125.00	Accomodation
Tri-Counties Central Labor Council	816 Camarillo Springs Road Ste. #G, Camarillo, CA	93012	Labor Association	03/17/14	\$ 120.00	2 Tickets (\$60 each)
DeVry Education Group	3005 Highland Parkway, Downers Grove, IL	60515	Education Organization	03/24/14	\$ 56.52	Food and Beverage
Lucidity Festival LLC	5684 Encina Rd, Goleta, CA	93117	Event Organizer	04/12/14	\$ 270.00	1 Ticket and Parking
Santa Barbara County Medical Society	5350 Hollister Ave , Ste. A-4, Santa Barbara, CA	9311-2326	Medical Organization	04/21/14	\$ 48.66	Food and Beverage
Ventura County Medical Association	601 E Daily Dr, Camarillo, CA	93010	Medical Organization	04/21/14	\$ 48.66	Food and Beverage
Santa Barbara City Firefighters Association	121 W Carrillo Street, Santa Barbara, CA	93101	Firefighters	04/26/14	\$ 400.00	Ticket (2)
Toni Atkins for Assembly 2014	330 Encinitas Blvd., Sta. 101, Encinitas, CA	92024	Campaign	5/12/2014 and 11/30/2014	\$ 77.76	Framed Art
Tri-County Education Coalition	P O Box 812, Santa Margarita, CA	93453	Education Organization	05/19/14	\$ 45.64	Food and Beverage
Ken Kahan, California Landmark	10600 Santa Monica Blvd, Los Angeles, CA	90025	Realestate Agent	07/09/14	\$ 45.00	Food and Beverage
Mike Getto	25205 La Paz Road, Laguna Hills, CA	92653	Hotel Owner	8/8 and 8/9/2014	\$ 378.00	Lodging
California Air Resources Board	1001 I Street, Sacramento, CA	95814	Environmental Board	08/18/14	\$ 67.50	Food and Beverage
California Foundation for Commerce & Education	1215 K Street, Suite 1400, Sacramento, CA	95814	Education Organization	08/26/14	\$ 234.72	Food and Beverage
Trikke Tech Inc.	597 Ave of the Flags, 103k, Buellton, CA	93427	Mechanic	08/26/14	\$ 110.00	Trikke Tune-up
Ventura County Medical Association	601 E Daily Dr., #129, Camarillo, CA	93010	Medical Organization	09/18/14	\$ 52.00	Food and Beverage
Russell M. McGlothlin	1020 State Street, Santa Barbara, CA	93101	Attorney	09/20/14	\$ 150.00	Tickets
John Bahura, Village Properties	4050 Calle Real, Suite 120, Santa Barbara, CA	93110	Realestate Agent	10/10/14	\$ 350.00	Gift Certificates

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SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

2015 APR 16 PM 1:19

▶ 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
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 14</u>	<u>\$ 68</u>	<u>Food and Drink</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>
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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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 Das Williams

Office, Agency or Court State Assembly

Statement Type 2014/2015 Annual Assuming Leaving
 _____ Annual Candidate
 (yr)

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 04/15/2015

Filer's Signature (c)(1)

Comments: _____