

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

MAR 2 2015

2015 MAR -2 PM 3:45

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Anderson Joel Christopher

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Senate

Division, Board, Department, District, if applicable

38th Senate District

Your Position

Senator

► 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 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. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2014. The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ 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: _____

- 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



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

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

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Senator Joel Anderson

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Kaiser Permanente, SoCal Permanente

ADDRESS (Business Address Acceptable)
 3955 Bonita Road, Bonita CA 91902

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Healthcare provider

YOUR BUSINESS POSITION
 Nurse Practitioner

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
 \$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: _____

SCHEDULE D
Income – Gifts

Name
 Senator Joel Anderson

▶ NAME OF SOURCE (Not an Acronym)
 Farmers Group, Inc

ADDRESS (Business Address Acceptable)
 4680 Wilshire Blvd., Los Angeles CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Insurance Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 14	\$ 440.00	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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
 Cattle Representation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 22 / 14	\$ 40.00	Food and Beverages
07 / 22 / 14	\$ 25.00	Hat
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 24 / 14	\$ 27.15	Food and Beverages
10 / 16 / 14	\$ 123.75	Food and Beverages
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Yuml Bands, Inc.

ADDRESS (Business Address Acceptable)
 1441 Gardiner Lane, Louisville KY 40213

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Food Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 08 / 14	\$ 70.00	Food and Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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
 Senator Joel Anderson

- 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)
 American Legislative Exchange Council

ADDRESS (Business Address Acceptable)
 2900 Crystal Drive, 6th Floor

CITY AND STATE
 Alexandria, VA 22202

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit think tank for state-based public policy

DATE(S): 05 / 01 / 14 - 05 / 04 / 14 AMT: \$ 776.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Reimbursement for airfare, accommodations,
transportation and meals for Spring Summit

▶ NAME OF SOURCE (Not an Acronym)
 American Legislative Exchange Council

ADDRESS (Business Address Acceptable)
 2900 Crystal Drive, 6th Floor

CITY AND STATE
 Alexandria, VA 22202

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit think tank for state-based public policy

DATE(S): 07 / 28 / 14 - 08 / 02 / 14 AMT: \$ 1,592.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Reimbursement for airfare, accommodations,
transportation and meals for Summer Conference

▶ NAME OF SOURCE (Not an Acronym)
 American Legislative Exchange Council

ADDRESS (Business Address Acceptable)
 2900 Crystal Drive, 6th Floor

CITY AND STATE
 Alexandria, VA 22202

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit think tank for state-based public policy

DATE(S): 12 / 01 / 14 - 12 / 06 / 14 AMT: \$ 983.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Reimbursement for airfare, transportation and meals
for National Policy Summit

▶ 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: _____