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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only
MAR 2 2015

Please type or print in ink.

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

de Leon Kevin

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Senate

Division, Board, Department, District, if applicable: District 24

Your Position: Senate President pro Tempore

► 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 5:20

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

☑ State
☐ Multi-County _____
☐ City of _____
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County 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 ___/___/_____

☐ **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:*** 9

☑ **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 interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE

Date Signed 3/2/15 (month, day, year) Signat

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Kevin de Leon

▶ NAME OF BUSINESS ENTITY: AOL

GENERAL DESCRIPTION OF THIS BUSINESS: Internet Provider

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

▶ NAME OF BUSINESS ENTITY: Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS: Technology

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

▶ NAME OF BUSINESS ENTITY: CDC Software

GENERAL DESCRIPTION OF THIS BUSINESS: Technology

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

▶ NAME OF BUSINESS ENTITY: Hewlett Packard

GENERAL DESCRIPTION OF THIS BUSINESS: Technology

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Kevin de Leon

SCHEDULE D
Income – Gifts

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)
Senator Ricardo Lara	777 S. Figueroa St., Ste. 4050, Los Angeles, CA	N/A	01/22/14	$88.98	CD Box Set
			/ /	$	
			/ /	$	

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)
Cal. Latino Caucus Leadership PAC	777 S. Figueroa St., Ste. 4050, Los Angeles, CA	N/A	05/05/14	$164.13	Award Figurine
			/ /	$	
			/ /	$	

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)
Los Angeles Area Chamber of Commerce	350 S. Bixel St., Los Angeles, CA 90017	N/A	01/30/14	$50.00	Reception
			/ /	$	
			/ /	$	

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)
United Contractors	17 Crow Canyon Ct., Ste. 100, San Ramon, CA	N/A	03/11/14	$130.72	Dinner
			/ /	$	
			/ /	$	

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)
Leo Briones	700 N. Alameda St., Ste. 111, Los Angeles, CA	Technical Sales	02/04/14	$86.50	Dinner
			/ /	$	
			/ /	$	

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)
Cal. Foundation on the Environment & the Economy	Pier 35, Ste. 202, San Francisco, CA	N/A	03/27/14	$291.44	Dinner, Tote Bag,
			/ /	$	Flash Drive, Thermos
			/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de Leon

SCHEDULE D
Income – Gifts

► 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)
04 / 10 / 14	$ 137.94	Meal & Transportation
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	$ 80.56	Brkfast, Lunch, Snack
02 / 05 / 14	$ 80.54	Brkfast, Lunch, Snack
06 / 06 / 14	$ 205.67	Dinner

► NAME OF SOURCE *(Not an Acronym)*
Cal. Association of Realtors
ADDRESS *(Business Address Acceptable)*
1121 L Street, Ste. 600, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 14	$ 52.24	Dinner
10 / 24 / 14	$ 34.78	Lunch
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 06 / 14	$ 68.45	Lunch
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	$ 194.84	Framed Poster
06 / 05 / 14	$ 19.53	Breakfast Reception
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Senator Lois Wolk
ADDRESS *(Business Address Acceptable)*
1303 10th St., Room 5114, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 30 / 14	$ 100.00	Jacket
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de Leon

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Planned Parenthood Affiliates of California
ADDRESS *(Business Address Acceptable)*
555 Capitol Mall, Ste. 510, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 12 / 14	$ 243.55	Tie/Cufflinks
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Assemblymember Cheryl R. Brown
ADDRESS *(Business Address Acceptable)*
1016 10th Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 13 / 14	$ 68.29	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Cal. Foundation for Commerce and Education
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste. 1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	$ 234.74	Luncheon
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St., Ste. 110, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 17 / 14	$ 129.00	Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Senator Ted Gaines
ADDRESS *(Business Address Acceptable)*
1303 10th Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 14	$ 150.00	Framed Picture
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Senator Carol Liu
ADDRESS *(Business Address Acceptable)*
1303 10th St., Room 5097, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 03 / 14	$ 130.00	Flowers
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de Leon

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
UCLA Government and Community Relations
ADDRESS *(Business Address Acceptable)*
10920 Wilshire Blvd., Ste. 1500, CA 90024-6517
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 22 / 14	$ 440.00	Football Tickets,
/ /	$	Parking & Chancellor's
/ /	$	Reception

▶ NAME OF SOURCE *(Not an Acronym)*
Senator Mark Leno
ADDRESS *(Business Address Acceptable)*
1303 10th St., Room 5100, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 14	$ 75.00	Flowers
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Secretary of Environ. & Nat'l Resources Mexico
ADDRESS *(Business Address Acceptable)*
Blvd. Adolfo Ruiz Cortines #4209, Col. Jardines en la
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Montana, Del. Tlalpan, Dist. Federal CP.14210, Mex.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 08 / 14	$ 67.46	Tie
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
President of Mexico–Enrique Pena Nieto
ADDRESS *(Business Address Acceptable)*
Official Los Pinos Residence, Mexico City, Mexico
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 26 / 14	$ 350.00	Decorative Object
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
The Climate Group
ADDRESS *(Business Address Acceptable)*
Climate Group, 2nd Fl., Riverside Bldg., County Hall,
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Belvedere Road, London SE17PB, U.K.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 09 / 14	$ 54.50	Food & Beverage
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Sergey V. Petrov, Consul General (Russian Fed.)
ADDRESS *(Business Address Acceptable)*
2790 Green St., San Frandcisco, CA 94123
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 29 / 14	$ 72.00	Vodka
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de Leon

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Santa Ynez Band of Chumash Indians
ADDRESS *(Business Address Acceptable)*
P.O. Box 517, Santa Ynez, CA 93460
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 14	$ 90.00	Dinner
/ /	$	
/ /	$	

▶ 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)*
California Tribal Business Alliance
ADDRESS *(Business Address Acceptable)*
555 Capitol Mall, Ste. 510, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 03 / 14	$ 72.37	Dinner
/ /	$	
/ /	$	

▶ 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
Kevin de Leon

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)*
Association of Asian American Investment Managers
ADDRESS *(Business Address Acceptable)*
50 California St.
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A
DATE(S): 10/07/14 - 10/08/14 *(if gift)* AMT: $ 731.11
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Made Speech at AAAIM Conference, Hotel Accommodations

► NAME OF SOURCE *(Not an Acronym)*
Climate Registry
ADDRESS *(Business Address Acceptable)*
601 W. 5th St., Ste. 220
CITY AND STATE
Los Angeles, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 12/07/14 - 12/12/14 *(if gift)* AMT: $ 9,758.62
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Airfare, Lodging, Transportation, and Meals and UN Conference in Peru

► NAME OF SOURCE *(Not an Acronym)*
Burke Rix Communications, LLC
ADDRESS *(Business Address Acceptable)*
1100 S. Flower St.
CITY AND STATE
Los Angeles
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs/Marketing
DATE(S): 10/09/14 - 10/11/14 *(if gift)* AMT: $ 317.10
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Keynote at SoCal Energy Summit, Lodging

► NAME OF SOURCE *(Not an Acronym)*
Association of Cal. Life & Health Ins. Co.
ADDRESS *(Business Address Acceptable)*
1201 K Street, Ste. 1820
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A
DATE(S): 10/01/14 - 10/03/14 *(if gift)* AMT: $ 380.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Transportation and Lodging, Guest Speaker for Panel re Retirement

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin de Leon

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)*

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)*
California Latino Legislative Caucus Foundation

ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St., Ste. 4050

CITY AND STATE
Los Angeles, CA

☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 02 / 20 / 14 - 02 / 21 / 14 AMT: $ 472.68
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Policy Retreat

► 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: