

FEB 26 2015 *100*

Please type or print in ink.

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

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 California State Senate  
 Division, Board, Department, District, if applicable  
 35th District  
 Your Position  
 Member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

RECEIVED  
 FAIR POLITICAL  
 PRACTICES COMMISSION  
 2015 FEB 26 PM 2:45

**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: 46
- 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 STREET CITY STATE ZIP CODE

(c)(1)

herein and in any attached schedules is true and complete. I acknowledge (c)(1)  
 I certify under penalty of perjury under the laws of the State of California

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Isadore Hall, III

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

ADDRESS (Business Address Acceptable)  
 1215 K Street, Ste. 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Non-Profit

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

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

ADDRESS (Business Address Acceptable)  
 1201 K Street, Ste 1840, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Public policy research & advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 14	\$ 80.49	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 California Issues Forum

ADDRESS (Business Address Acceptable)  
 1717 I Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Non-Profit Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 95.00	Dinner
03 / 19 / 14	\$ 8.30	Lunch
08 / 19 / 14	\$ 103.00	Dinner

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

ADDRESS (Business Address Acceptable)  
 1780 Creekside Drive, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Professional Association

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

▶ NAME OF SOURCE (Not an Acronym)  
 Cigar Association of America, Inc

ADDRESS (Business Address Acceptable)  
 1100 G Street NW, Washington, DC 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Trade organization of manufacturers, importers, sellers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 14	\$ 141.60	Food & Beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Entertainment Software Association

ADDRESS (Business Address Acceptable)  
 575 7th Street. NW, Ste 300, Washington, DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Trade organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 14 / 14	\$ 152.48	Dinner
08 / 14 / 14	\$ 20.75	Drinks
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
Isadore Hall, III

▶ NAME OF SOURCE (Not an Acronym)  
Toni Atkins for Assembly 2014  
 ADDRESS (Business Address Acceptable)  
330 Encinitas Blvd., Ste 101, Encinitas, CA 92024  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 12 / 14</u>	<u>\$ 107.46</u>	<u>Dinner</u>
<u>05 / 12 / 14</u>	<u>\$ 44.31</u>	<u>Framed Print</u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Toy Industry Association, Inc.  
 ADDRESS (Business Address Acceptable)  
1115 Broadway, Ste 400, New York, NY 10010  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 19 / 14</u>	<u>\$ 50.17</u>	<u>Food &amp; Drink</u>
<u>03 / 19 / 14</u>	<u>\$ 1.19</u>	<u>Toy Gift Bag</u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

▶ NAME OF SOURCE (Not an Acronym)  
University of Southern California  
 ADDRESS (Business Address Acceptable)  
University Park, Los Angeles, CA 90089  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Higher Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 09 / 14</u>	<u>\$ 139.12</u>	<u>Reception</u>
<u>04 / 09 / 14</u>	<u>\$ 63.00</u>	<u>Luncheon</u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Verizon  
 ADDRESS (Business Address Acceptable)  
1201 K Street, Ste 1980, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Communication technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 05 / 14</u>	<u>\$ 59.25</u>	<u>Beverages</u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

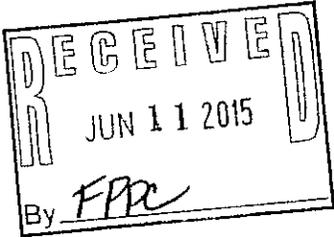
▶ NAME OF SOURCE (Not an Acronym)  
Yum! Brands, Inc.  
 ADDRESS (Business Address Acceptable)  
1441 Gardiner Lane, Louisville, Ky 40213  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Fast food restaurants operator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 04 / 14</u>	<u>\$ 88.00</u>	<u>Dinner</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>

Comments: \_\_\_\_\_



SCHEDULE D
Income - Gifts

JUN - 9 2015



Name of Source: California Democratic Party
Address: 1830 Ninth Street, Sacramento, CA 95811
Business Activity: Political
Gift: 5/20/14, \$67.73, Food & Beverage

Name of Source:
Address:
Business Activity:
Gifts: (Empty table)

Name of Source:
Address:
Business Activity:
Gifts: (Empty table)

Name of Source:
Address:
Business Activity:
Gifts: (Empty table)

Name of Source:
Address:
Business Activity:
Gifts: (Empty table)

Verification
Print Name: Isadore Hall, III
Office, Agency or Court: California State Senate
Statement Type: [X] Annual (yr)
I have used all reasonable diligence in preparing this statement...
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: 5/29/15

Comments:

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

Name  
 Isadore Hall, III

- 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)*  
 California Independent Petroleum Association

ADDRESS *(Business Address Acceptable)*  
 1001 K Street, Sixth Floor

CITY AND STATE  
 Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Non-Profit Trade association

DATE(S): 12 / 05 / 14 - 12 / 06 / 14 AMT: \$ 12.00  
*(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: \_\_\_\_\_