CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only
FEB 25 2015

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hancock	Loni	H.

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

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: 9th Senate District

Your Position: Senator

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

Agency: State Allocation Board Position: Member

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

3. Type of Statement *(Check at least one box)*

- [x] **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:*** _____

- [ ] **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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed Feb 25, 2015 (month, day, year) **Signatur**

CALIFORNIA FORM 700
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Hancock	Loni	H.

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: 9th Senate District

Your Position: Senator

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

Agency: Bay Conservation & Development Commission Position: Member

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 ____/____/_____

☐ **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

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- ☐ **Schedule A-1** - *Investments* – schedule attached
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- ☑ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5.

(c)(1)

(redacted)

(c)(1)

I certify under penalty of perjury under the laws of the State of Californ

Date Signed Feb 25 2015
(month, day, year)

Si
(File the originally signed statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Loni Hancock

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Kevin De Leon for Senate 2014
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 14	$ 235.66	Food & Beverages
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th St. Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	$ 40.28	Breakfast
02 / 04 / 14	$ 40.28	Lunch/Snack
02 / 05 / 14	$ 40.27	Breakfast

► NAME OF SOURCE *(Not an Acronym)*
Monterey Bay Aquarium Foundation
ADDRESS *(Business Address Acceptable)*
886 Cannery Row Monterey, CA 93940
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	$ 99.68	Ocean Day Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th St. Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 14	$ 40.27	Lunch/snack
11 / 06 / 14	$ 68.45	Lunch
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*
777 S.Figueroa St., Ste. 4050, Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 14	$ 36.25	Food & beverages
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Oakland-Alameda County Coliseum Authority
ADDRESS *(Business Address Acceptable)*
7000 Coliseum Way Oakland, CA 94621
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 10 / 14	$ 250.00	Ticket
/ /	$	
/ /	$	

Comments:

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Name
Loni Hancock

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
ICEX Spain Trade and Investment
ADDRESS *(Business Address Acceptable)*
Passeo de la Castellana, 14-2 FL-28046 Madrid, Spai
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 14	$ 409.00	Ground Transportation
09 / 17 / 14	$	Cultural activities
09 / 18 / 14	$	Meals (9/16-9/22)

► NAME OF SOURCE *(Not an Acronym)*
University of California, Berkeley
ADDRESS *(Business Address Acceptable)*
200 California Hall, MC# 1500 Berkeley, CA 94720
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 18 / 14	$ 100.00	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
ICEX Spain Trade and Investment
ADDRESS *(Business Address Acceptable)*
Passeo de la Castellana, 14-2 FL-28046 Madrid, Spai
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 14	$ 409.00	Same as above
09 / 20 / 14	$	" "
09 / 21 / 14	$	" "

► 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)*
ICEX Spain Trade and Investment
ADDRESS *(Business Address Acceptable)*
Passeo de la Castellana, 14-2 FL-28046 Madrid, Spai
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 22 / 14	$ 409.00	Continued from above
/ /	$	
/ /	$	

► 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
Loni Hancock

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
ICEX Spain Trade and Investment
ADDRESS *(Business Address Acceptable)*
Passeo de la Castellana, 14-2 FL-28046 Madrid, Spai
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 14	$ 409.00	Transport (9/16-9/22)
09 / 17 / 14	$	Activities (9/16-9/22)
09 / 18 / 14	$	Meals (9/16-9/22)

► NAME OF SOURCE *(Not an Acronym)*
University of California
ADDRESS *(Business Address Acceptable)*
200 California Hall, MC# 1500 Berkeley, CA 94720
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 18 / 14	$ 100.00	Ticket
/ /	$	
/ /	$	

► 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: