

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

MAR 2 2015 *AD*

Please type or print in ink.

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

RR

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
 District 40

Your Position
 Senator

► 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 1:35

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.

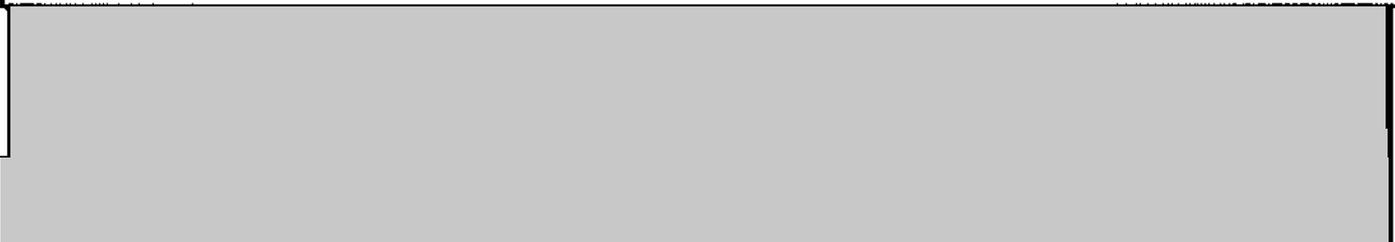
Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 10

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



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 Signature _____
(month, day, year)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Huaso

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 1872 Keamey Avenue

CITY
 San Diego

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

ACQUIRED 14 / 14 / 14 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other
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
 Erika Romero, Hugo Arriaga

▶ 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

ACQUIRED 14 / 14 / 14 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other
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 C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____
 Hueso _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Antonio and Alfredo Hueso

ADDRESS (Business Address Acceptable)
 2654 Imperial Avenue, San Diego, CA 92113

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 2008 Sale of Real Estate Property

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)

▶ 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
 Hueso

▶ NAME OF SOURCE (Not an Acronym)
 American Federation of State, County & Municipal Em

ADDRESS (Business Address Acceptable)
 1121 L Street, Suite 904, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	\$ 109.57	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 AT&T Inc. and Its Affiliates

ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1800, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 14	\$ 63.00	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
 1095 Barona Road, Lakeside, CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Tribal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 27 / 14	\$ 32.23	food/drink
09 / 16 / 14	\$ 112.17	food/drink
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Association of Realtors

ADDRESS (Business Address Acceptable)
 1121 L Street, Suite 600, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Housing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 14	\$ 52.24	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Cable & Telecommunications

ADDRESS (Business Address Acceptable)
 1001 K Street, 2nd Floor, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 14	\$ 63.00	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Growers Associations

ADDRESS (Business Address Acceptable)
 1785 N. Fine Avenue, Fresno, CA 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Agricultural

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 14	\$ 151.54	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Hueso

▶ NAME OF SOURCE (Not an Acronym)
 California Democratic Party

ADDRESS (Business Address Acceptable)
 1401 21st Street, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 161.10	food/drink
06 / 16 / 14	\$ 205.67	food/drink
11 / 06 / 14	\$ 68.45	food/drink

▶ NAME OF SOURCE (Not an Acronym)
 California Latino Caucus Leadership PAC

ADDRESS (Business Address Acceptable)
 777 Figueroa Street, Suite 4050, Los Angeles, CA 900

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 14	\$ 156.00	food/drink
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Check Into Cash

ADDRESS (Business Address Acceptable)
 201 Keith Street SW Cleveland, TN 37311

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 14	\$ 63.00	food/drink
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Consulate General of Mexico in Sacramento

ADDRESS (Business Address Acceptable)
 2093 Arena Blvd. Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 International Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	\$ 39.25	food/drink
05 / 05 / 14	\$ 36.66	food/drink
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Kevin de Leon for Senate 2014

ADDRESS (Business Address Acceptable)
 777 Figueroa Street, Suite 4050, Los Angeles 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 14	\$ 117.83	food/drink
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Maritime Museum of San Diego

ADDRESS (Business Address Acceptable)
 1492 N. Harbor Drive, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Art

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 14	\$ 22.70	food/drink
09 / 27 / 14	\$ 90.00	food/drink
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Hueso

▶ NAME OF SOURCE (Not an Acronym)
 Monterey Bay Aquarium Foundation

ADDRESS (Business Address Acceptable)
 886 Cannery Row, Monterey, CA 92940

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Natural Resources

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	\$ 99.68	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Neighborhood Market Association

ADDRESS (Business Address Acceptable)
 7050 Friars Road No. 300, San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Retail

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	\$ 100.00	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 San Diego County Fair

ADDRESS (Business Address Acceptable)
 2260 Jimmy Durante Blvd., Del Mar, CA 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 06 / 14	\$ 390.00	tickets, food & drinks
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 San Diego Regional Chamber of Commerce

ADDRESS (Business Address Acceptable)
 Emerald Plaza, 402 West Broadway, Suite 1000, San

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business & Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	\$ 88.82	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Sempra Energy

ADDRESS (Business Address Acceptable)
 925 L Street, Suite 650, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	\$ 86.60	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 The Latino Legislative Caucus Foundation

ADDRESS (Business Address Acceptable)
 777 Figueroa Street, Suite 4050, Los Angeles, CA 900

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 14	\$ 36.14	food/drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Hueso

▶ NAME OF SOURCE (Not an Acronym)
 Tijuana Economic Development Corporation (DEITAC)

ADDRESS (Business Address Acceptable)
 Mision de San Javier, Zona Urbana Rio, Tijuana B.C.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 25 / 14	\$ 100.00	food/bank
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Vicente Ortiz

ADDRESS (Business Address Acceptable)
 4108 East Florence Avenue, Bell, CA 90201

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Restaurants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 22 / 14	\$ 440.00	food/drink/accommodati
	\$	
	\$	

▶ 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: _____

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

Name _____
 Hueso _____

- 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 California Water Agencies

ADDRESS (Business Address Acceptable)
 910 K Street, Suite 100

CITY AND STATE
 Sacramento, CA

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

DATE(S): 12 / 04 / 14 - _____ / _____ / _____ AMT: \$ 58.25
 (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 Foundation for Commerce & Education

ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1400

CITY AND STATE
 Sacramento, CA

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

DATE(S): 08 / 26 / 14 - _____ / _____ / _____ AMT: \$ 234.00
 (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)
 Independent Voter Project

ADDRESS (Business Address Acceptable)
 101 West Broadway, Suite 1460

CITY AND STATE
 San Diego, CA

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

DATE(S): 11 / 13 / 14 - 11 / 20 / 14 AMT: \$ 3,215.36
 (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)
 Naleo Education Fund

ADDRESS (Business Address Acceptable)
 PO Box 684882

CITY AND STATE
 Austin, TX

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

DATE(S): 06 / 26 / 14 - 06 / 28 / 14 AMT: \$ 600.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name _____
 Hueso _____

- 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)
 Scripps Health

ADDRESS (Business Address Acceptable)
 435 H Street, CV 31

CITY AND STATE
 Chula Vista, CA

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

DATE(S): 02 / 08 / 14 - / / AMT: \$ 180.00
 (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)
 California Foundation on the Environment & the Econor

ADDRESS (Business Address Acceptable)
 Pier 35, Suite 202

CITY AND STATE
 San Francisco, CA

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

DATE(S): 09 / 29 / 14 - 09 / 30 / 14 AMT: \$ 573.71
 (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)
 The Latino Legislative Caucus Foundation

ADDRESS (Business Address Acceptable)
 777 S. Figueroa Street, Suite 4050

CITY AND STATE
 Los Angeles, CA

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

DATE(S): 02 / 20 / 14 - 02 / 21 / 14 AMT: \$ 147.04
 (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)
 American Society of Civil Engineers

ADDRESS (Business Address Acceptable)
 1801 Alexander Bell Drive

CITY AND STATE
 Reston, VA

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

DATE(S): 10 / 29 / 14 - / / AMT: \$ 50.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name _____
 Hueso _____

- 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)
 Otay Mesa Chamber of Commerce

ADDRESS (Business Address Acceptable)
 9163 Siempre Viva Road

CITY AND STATE
 San Diego, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business and Economic Development

DATE(S): 10 / 30 / 14 - / / - / / AMT: \$ 80.00
 (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)
 La Cooperativa Campesina de California

ADDRESS (Business Address Acceptable)
 1107 9th Street, #420

CITY AND STATE
 Sacramento, CA

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

DATE(S): 10 / 21 / 14 - / / - / / AMT: \$ 524.12
 (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: _____