CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
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FAIR POLITICAL PRACTICES COMMISSION
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2015 MAR -2 PM 3:43

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Huff	Robert	S.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
State Senate, District 29

Division, Board, Department, District, if applicable

Your Position
State 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)*

- [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:*** 9

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **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
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

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

5. Verification

Date Signed 3-2-15 *(month, day, year)*

Signatu

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Robert Huff

▶ 1. BUSINESS ENTITY OR TRUST

Name: Ray S. French Co.

Address (Business Address Acceptable): PO Box 4243 Diamond Bar, CA 91765

Check one: ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Commodity Wholesaler

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INVESTMENT: ☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION: Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☑ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

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▶ 1. BUSINESS ENTITY OR TRUST

Name: Mei Mei Ho Consulting

Address (Business Address Acceptable): PO Box 4243 Diamond Bar, CA 91765

Check one: ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Business Consulting

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☑ LLC Other

YOUR BUSINESS POSITION: Spouse of Principal

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☑ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None or ☐ Names listed below

Majestic Industry Hills LLC

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

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Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Robert Huff

SCHEDULE D
Income – Gifts

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 14	$ 104.50	Two T-shirts
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
EdVoice
ADDRESS *(Business Address Acceptable)*
1107 9th St. Suite 680, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Thinktank

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 14	$ 144.94	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
California New Car Dealers Association
ADDRESS *(Business Address Acceptable)*
1415 L St., Suite 700, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	$ 68.28	Food & Drink
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Personal Insurance Federation of California
ADDRESS *(Business Address Acceptable)*
1201 K St. Suite 950, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 26 / 14	$ 102.43	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Citrus Mutual
ADDRESS *(Business Address Acceptable)*
512 North Kaweah Ave., Exeter, CA 93221
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 14	$ 55.54	Dinner
04 / 01 / 14	$ 25.95	Citrus
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Pechanga Band of Luiseno Mission Indians
ADDRESS *(Business Address Acceptable)*
45000 Pechanga Pkwy., Temecula, CA 92592
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Native American Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 03 / 14	$ 131.28	Dinner
/ /	$	
/ /	$	

Comments:

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SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Mente, Inc.
ADDRESS *(Business Address Acceptable)*
8502 E. Chapman Ave. #302, Orange, CA 92869
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Linguistics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 14	$ 225.00	Translation
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
State Building & Construction Trade Council of CA
ADDRESS *(Business Address Acceptable)*
1231 I St. Suite 302, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 14	$ 112.87	Reception & Tool
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Foundation for Commerce & Education
ADDRESS *(Business Address Acceptable)*
1215 K St. Suite 1400,Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	$ 234.72	Luncheon
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	$ 350.00	Artistic Paperweight
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
TechAmerica
ADDRESS *(Business Address Acceptable)*
1525 Wilson Blvd. Suite 540, Arlington, VA 22209
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 14	$ 113.73	Reception & Dinner
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 14	$ 72.50	Food & Beverage
/ /	$	
/ /	$	

Comments:

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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
Native American Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 14	$ 123.75	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Western State Petroleum Association
ADDRESS *(Business Address Acceptable)*
2350 Kernet Blvd., Ste 250, San Rafael, CA 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 14	$ 146.90	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Correctional Peace Officers Association
ADDRESS *(Business Address Acceptable)*
755 Riverpoint Dr., West Sacramento, CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 20 / 14	$ 364.18	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)
/ /	$	
/ /	$	
/ /	$	

► 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
Robert Huff

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Manufacturers & Technology Association
ADDRESS *(Business Address Acceptable)*
1115 11th St., Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 14	$ 146.90	Dinner for wife
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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:

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Allan P. Kirby Jr. Center for Constitutional Studies
ADDRESS *(Business Address Acceptable)*
227 Massachusetts Ave., NE Washington, DC 20002
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Part of Hillsdale College

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 14	$ 353.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Building Industry Association
ADDRESS *(Business Address Acceptable)*
1215 K St, Suite 1200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 14	$ 75.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Sacramento Asian Pacific Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
2012 H St. Suite 101, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 24 / 14	$ 50.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Crime Victims United
ADDRESS *(Business Address Acceptable)*
11400 Atwood Rd. Auburn, CA 95603
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 25 / 14	$ 50.00	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)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

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FAIR POLITICAL PRACTICES COMMISSION

Name
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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)*
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
101 W. Broadway, Ste 1460
CITY AND STATE
San Diego, CA 92101
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business and Leadership Policy Conference
DATE(S): 11/16/14 - 11/20/14 *(If gift)* AMT: $ 3,131.19
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Hotel, meals, travel.

► NAME OF SOURCE *(Not an Acronym)*
CA Contract Cities Association
ADDRESS *(Business Address Acceptable)*
11027 Downey Avenue
CITY AND STATE
Downey, CA 90241
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government Partnership
DATE(S): 05/16/14 - 05/17/14 *(If gift)* AMT: $ 301.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Hotel and meal.

► NAME OF SOURCE *(Not an Acronym)*
CA Foundation on the Environment & the Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA 94133
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Foundation
DATE(S): 09/29/14 - 09/30/14 *(If gift)* AMT: $ 573.71
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Briefings on water and drought.
Hotel and meals.

► NAME OF SOURCE *(Not an Acronym)*
State Legislative Leaders Foundation
ADDRESS *(Business Address Acceptable)*
1645 Falmouth Rd, Bldg D
CITY AND STATE
Centerville, MA 02632
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Foundation
DATE(S): 10/09/14 - 10/11/14 *(If gift)* AMT: $ 1,898.62
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Ethics & Leadership Conference Participant
Hotel, meals, travel.

Comments:

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Name
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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)*
Capital One Services, Inc.
ADDRESS *(Business Address Acceptable)*
1680 Capital One Dr.
CITY AND STATE
McLean, VA 22102
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Services
DATE(S): 01/30/14 - 01/31/14 *(If gift)* AMT: $ 356.59
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Hotel

► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $
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): ___/___/___ - ___/___/___ *(If gift)* AMT: $
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): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: