

RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION
 2015 MAR 25 10 20 AM

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Leyva Connie Marie

1. Office, Agency, or Court

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

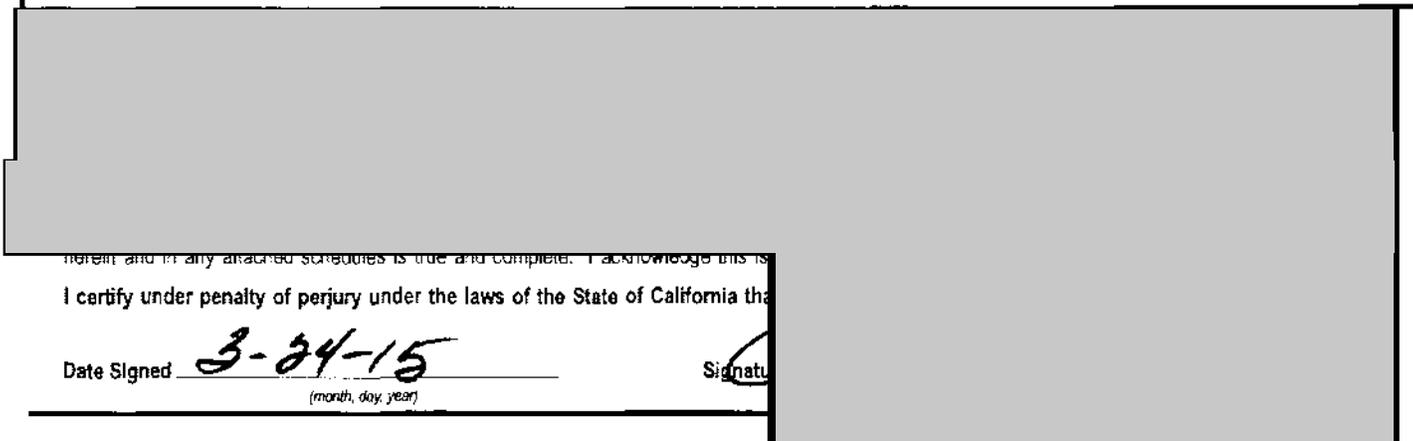
- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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: _____
- 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



I certify under penalty of perjury under the laws of the State of California that the information herein and in any attached schedules is true and complete. I acknowledge this is

Date Signed 3-24-15 Signature _____
 (month, day, year)

158



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official File Date EB 24 2015 AD

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Leyva Connie M.

1. Office, Agency, or Court Agency Name: California State Senate Division: District 20 Your Position: Senator

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 FEB 26 PM 2:40

2. Jurisdiction of Office (Check at least one box) [X] State [] Judge or Court Commissioner (Statewide Jurisdiction)

3. Type of Statement (Check at least one box) [X] Assuming Office: Date assumed 12, 01, 2014 [] Leaving Office: Date Left

4. Schedule Summary Check applicable schedules or "None." [X] Schedule A-2 - Investments - schedule attached [X] Schedule C - Income Loans & Business Positions - schedule attached

5 (c)(1) [Redacted]

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

Date Signed 2-24-15 (month, day, year) Sign

(c)(1) [Redacted]

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Connie M. Leyva

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 UFCW Local 1428

ADDRESS (Business Address Acceptable)
 705 W. Arrow Hwy., Claremont, CA 91711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 President

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, (st. each source of \$10,000 or more
 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 UFCW International Union

ADDRESS (Business Address Acceptable)
 1777 K Street, Washington D.C.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 UFCW International Vice President

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, (st. 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: _____