

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

Date Initial Filing Received
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MAR 2 2015 *00*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Liu Carol Jean

RR

1. Office, Agency, or Court

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

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

Agency: Treasurer's office Position: CA Debt & Investment Advisory Comm.

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: _____

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2015 MAR -2 PM 5:20

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: _____
 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

5. Verification
I certify under penalty of perjury under the laws of the State of California that
Date Signed March 2, 2015 Signature _____
(month, day, year)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
 (Ownership Interest is Less Than 10%)
 Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name Carol J. Liu

▶ **NAME OF BUSINESS ENTITY**
Valley Water Company
GENERAL DESCRIPTION OF THIS BUSINESS
Mutual Water co-ownership required for water
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Simply She
GENERAL DESCRIPTION OF THIS BUSINESS
Retail for pets
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
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 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Carol Liu

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

ADDRESS (Business Address Acceptable)
 1830 9th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 80.56	brkfst/lunch
02 / 05 / 14	\$ 80.54	brkfst/lunch
11 / 06 / 14	\$ 68.45	lunch

▶ NAME OF SOURCE (Not an Acronym)
 Advancement Project

ADDRESS (Business Address Acceptable)
 1910 W. Sunset, Los Angeles, CA 90026

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 EDUCATION EQUALITY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	\$ 124.07	dinner and wine
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Western Candy Conference

ADDRESS (Business Address Acceptable)
 1500 Grant Ave # 200, Novato, CA 94945

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Candy company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 14	\$ 100.00	box of candy for staff
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Mondragon Corp.

ADDRESS (Business Address Acceptable)
 20500 Mondragon, Gipuzkoa, Spain

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Worker Cooperative and Federation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 17 / 14	\$ 19.00	lunch
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ICEX-Spain Trade and Investment

ADDRESS (Business Address Acceptable)
 Paseo de la Castellana, 14-2nd Fl, 28046 Madrid, Sp

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 14	\$	ground transportation,
09 / 18 / 14	\$ 178.00	meals & cultural
/ /	\$	activities

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

ADDRESS (Business Address Acceptable)
 1215 K # 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 commerce & education

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

Comments: _____

Name

Carol Liu

**SCHEDULE D
Income – Gifts**

▶ **NAME OF SOURCE (Not an Acronym)**
CA New Car Dealers Assn

ADDRESS (Business Address Acceptable)
1415 L St., # 700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
car dealer representation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	\$ 68.28	food/drink @ reception
08 / 25 / 14	\$ 49.89	food/drink @ reception
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
777 S. Figueroa # 4050, Los Angeles, CA 90026

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 14	\$ 117.83	food & beverages
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
777 S. Figueroa # 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 14	\$ 72.50	KDL pre-inaugural
___ / ___ / ___	\$ _____	reception
06 / 05 / 14	\$ 19.53	Garcetti Brkfst recep.

▶ **NAME OF SOURCE (Not an Acronym)**
Taipei Economic & Cultural Office

ADDRESS (Business Address Acceptable)
555 Montgomery #501, San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 15 / 14	\$ 18.65	moon pies
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
Coca-Cola Company

ADDRESS (Business Address Acceptable)
1334 So. Central Ave, Los Angeles, CA 90021

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 07 / 14	\$ 28.00	commemorative bottle
___ / ___ / ___	\$ _____	of Coke
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
CA Automatic Vendors Council

ADDRESS (Business Address Acceptable)
80 South Lake Ave. Suite 538, Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
merchandising

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 14	\$ 20.00	nutritional snacks
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Carol Liu

▶ NAME OF SOURCE (Not an Acronym)
 CA Fresh Fruit Assn

ADDRESS (Business Address Acceptable)
 978 W. Alluvial # 107, Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 13 / 14	\$ 14.00	fruit
	\$	
	\$	

▶ 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)
 UC Regents

ADDRESS (Business Address Acceptable)
 1111 Franklin St, 12th Fl, Oakland, CA 94607

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/14/14	\$ 98.18	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)
	\$	
	\$	
	\$	

Comments: _____

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

Name
 Carol Liu

- 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)
 CA Charter Schools Assn.

ADDRESS (Business Address Acceptable)
 1107 9th # 200

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 12, 08, 14 - 12, 09, 14 AMT: \$ 220.89
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 lodging, meals

▶ NAME OF SOURCE (Not an Acronym)
 The Energy Coalition

ADDRESS (Business Address Acceptable)
 15635 Alton Pkwy # 450

CITY AND STATE
 Irvine, CA 92618

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 organization focusing on energy partnerships

DATE(S): 05, 23, 14 - 05, 27, 14 AMT: \$ 6051.20
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 transportation, lodging, meals
 Air - 5191.20, lodging \$750, meals 110

▶ NAME OF SOURCE (Not an Acronym)
 Coalition for Community Schools

ADDRESS (Business Address Acceptable)
 4301 Connecticut Ave NW

CITY AND STATE
 Washington, DC 20008

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

DATE(S): 04, 09, 14 - 04, 11, 14 AMT: \$ 1504.00
 (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)
 WICHE (Western Interstate Commission for Higher Education)

ADDRESS (Business Address Acceptable)
 3035 Lemke Green Dr #200

CITY AND STATE
 Boulder, CO 80301-2204

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

DATE(S): 9, 8, 14 - 9, 9, 14 AMT: \$ 363.80
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 meals 141.50, lodging 222.30

Comments: _____

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

Name
Carol Liu

- 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)
American Youth Policy Forum

ADDRESS (Business Address Acceptable)
1836 Jefferson Pl NW, Washington DC 20036

CITY AND STATE
Education

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

DATE(S): 12, 08, 14 - 12, 08, 14 AMT: \$ 516⁰⁰
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description As fare

▶ 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: _____