

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

FEB 26 2015 *OP*

Please type or print in ink.

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

RR

Wendoza Tony

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Senate

Division, Board, Department, District, if applicable

District 32

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 FEB 27 PM 3: 26

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.
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

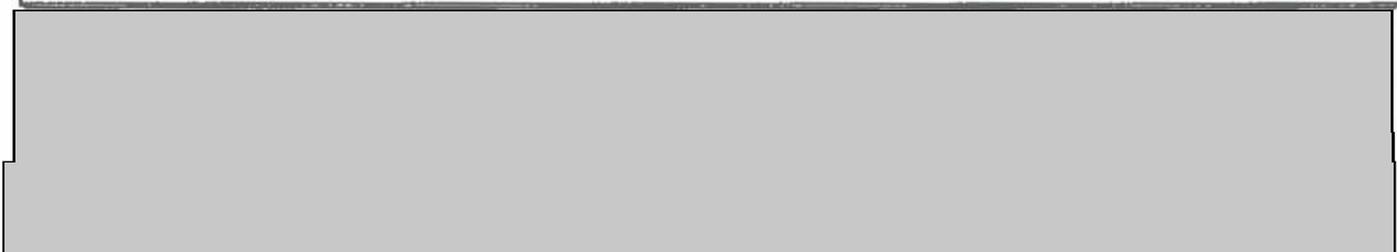
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- 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

Date Signed 2/26/15
(month, day, year)

Signature

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Tony Mendoza

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Cecy Groom</u></p> <p>ADDRESS (Business Address Acceptable) <u>12157 St. Tropaz Cerritos, CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>n/a</u></p> <p>YOUR BUSINESS POSITION <u>n/a</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p><input checked="" type="checkbox"/> Other <u>mortgage payments on property sold to her</u> <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME <u>Shura Moreno</u></p> <p>ADDRESS (Business Address Acceptable) <u>605 E. Badillo Street, #300 Covina, CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>n/a</u></p> <p>YOUR BUSINESS POSITION <u>n/a</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p><input checked="" type="checkbox"/> Other <u>mortgage payments on property sold to him</u> <small>(Describe)</small></p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small></p>
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Comments: _____

SCHEDULE D
Income – Gifts

Name
Tony Mendoza

▶ NAME OF SOURCE (Not an Acronym)
George Garrido
 ADDRESS (Business Address Acceptable)
444 S. Flower Street, Ste. 3675 Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 28 / 14</u>	<u>\$ 400.00</u>	<u>conference registration</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Kevin De Leon for Senale 2014
 ADDRESS (Business Address Acceptable)
777 S. Figueroa Street, Ste. 4050 Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 30 / 14</u>	<u>\$ 117.83</u>	<u>dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Cedar Fair Entertainment
 ADDRESS (Business Address Acceptable)
One Cedar Point Drive Sandusky, OH
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
amusement parks

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 26 / 14</u>	<u>\$ 150.00</u>	<u>park tickets</u>
<u>11 / 17 / 14</u>	<u>\$ 200.00</u>	<u>park passes</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCANNED

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

JAN 19 2016 *RD*

RR

1. BUSINESS ENTITY OR TRUST

Excello Consulting LLC
Name
11651 Excello Street Artesia, CA
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
public affairs consulting

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE	
<input type="checkbox"/> \$0 - \$1,999	____/____/14	12/31/14
<input checked="" type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Limited Liability Co.
Other

YOUR BUSINESS POSITION Member

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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
Falk & Sharp, Philbro-Tech

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	IF APPLICABLE, LIST DATE	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/14	____/____/14
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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

Comments:

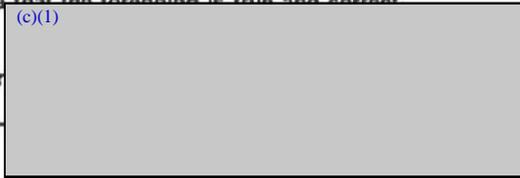
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PRACTICES COMMISSION
ON
15 JAN 22 PM 1:43

Filer's Verification

Print Name Tony Mendoza
Office, Agency or Court State Senate District 32
Statement Type 2014/2015 Annual 2014 Annual Assuming Leaving Candidate
(Yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/18/16 Filer's Signature 
(month, day, year)