

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Initial Filing Received  
Official Use Only

MAR 2 2015 *20*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Mitchell Holly Jewell

RR

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

State Senate - 26/30 SD

Division, Board, Department, District, if applicable

Your Position

► 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

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.

Leaving Office: Date Left \_\_\_\_\_ (Check one)

-or-  
The period covered is \_\_\_\_\_ through December 31, 2014.

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: \_\_\_\_\_

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**

[Redacted Signature Area]

Date Signed 3/2/15  
(month, day, year)

Signature

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Holly J. Mitchell

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1310 Keniston Ave.

CITY  
Los Angeles

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      DISPOSED      /      / 14

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold      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  
Sylvia Johnson

▶ 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      DISPOSED      /      / 14

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold      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 D**  
**Income – Gifts**

Name  
 Holly J. Mitchell

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Campaign committee

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

▶ NAME OF SOURCE (Not an Acronym)  
 The Arc of California

ADDRESS (Business Address Acceptable)  
 1225 8th Street, Suite 350, Sacramento CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Social Services organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 03 / 14	\$ 50.00	plaque
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Fox Entertainment Group

ADDRESS (Business Address Acceptable)  
 2121 Avenue of the Stars, Los Angeles CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Entertainment company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 14	\$ 56.85	lunch
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 CA Community Colleges CalWorks Assoc.

ADDRESS (Business Address Acceptable)  
 P.O. Box 2949, Sacramento CA 95812

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 14	\$ 75.00	glass and metal figure
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 City of Hope

ADDRESS (Business Address Acceptable)  
 1500 East Duarte Road, Duarte CA 91010

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Research organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 14	\$ 107.00	dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Toni Atkins for Assembly

ADDRESS (Business Address Acceptable)  
 330 Encinitas Blvd. Suite 101

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Campaign committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 14	\$ 35.84	dinner
05 / 12 / 14	\$ 40.00	framed photo
06 / 25 / 14	\$ 14.97	breakfast

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Holly J. Mitchell

▶ NAME OF SOURCE (Not an Acronym)  
 CA Association for Adult Day Services

ADDRESS (Business Address Acceptable)  
 Forum Building LTD., 1107 9th Street, # 701

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Social Services Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 26 / 14	\$ 250.00	Framed cross stitch art
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Campaign committee

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

▶ NAME OF SOURCE (Not an Acronym)  
 Semptra Energy

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Utilities Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 14	\$ 58.04	breakfast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 National Black Caucus of State Legislators

ADDRESS (Business Address Acceptable)  
 44 N Capitol Street, NW, Suite 622, D.C. 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 21 / 14	\$ 50.00	conference backpack
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Training Institute for Leadership and Enrichment

ADDRESS (Business Address Acceptable)  
 920 Peralta Street, Suite 2A, Oakland, CA 94607

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 04 / 14	\$ 160.00	Glass figure
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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  
 Holly J. Mitchell

- 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)  
 National Org of Black Elected Legislative Women

ADDRESS (Business Address Acceptable)  
 20 F Street, NW Suite 700

CITY AND STATE  
 Washington D.C. 20001

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

DATE(S): 06 / 18 / 14 - 06 / 21 / 14 AMT: \$ 1,233.07  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
 Conference participant/meals and lodging

▶ NAME OF SOURCE (Not an Acronym)  
 CA Dental Foundation

ADDRESS (Business Address Acceptable)  
 1201 K Street, 15th Floor

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 09 / 18 / 14 - 09 / 21 / 14 AMT: \$ 1,000.36  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
 Forum participant/meals and lodging

▶ NAME OF SOURCE (Not an Acronym)  
 CA Legislative Black Caucus Policy Institute

ADDRESS (Business Address Acceptable)  
 5471 Hillcrest Drive

CITY AND STATE  
 Los Angeles, CA 90043

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

DATE(S): 10 / 17 / 14 - 10 / 19 / 14 AMT: \$ 1,815.00  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
 Symposium participant/meals and lodging

▶ NAME OF SOURCE (Not an Acronym)  
 Council of State Governments Health Policy Academy

ADDRESS (Business Address Acceptable)  
 2760 Research Park Drive

CITY AND STATE  
 Lexington Park, KY 40511-8482

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

DATE(S): 11 / 19 / 14 - 11 / 21 / 14 AMT: \$ 971.86  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated In a Panel

Other - Provide Description \_\_\_\_\_  
 Policy Academy participant/meals and lodging

Comments: \_\_\_\_\_