

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Morrell Mike Lawrence

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Senate
Division, Board, Department, District, if applicable
Senate District 23
Your Position
Senator

TP

► 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, 2013, through December 31, 2013.
-or- The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2013, 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: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- 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



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

Date Signed 5.21.15 Signature _____
(month, day, year)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Coco-Cola Company
 ADDRESS (Business Address Acceptable)
1334 SouthCentral Ave. Los Angeles, CA 90021
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverage Distribution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 07 / 14</u>	<u>\$ 28</u>	<u>share a coke</u>
<u>08 / 07 / 14</u>	<u>\$ 28</u>	<u>Share a coke</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California New Car Dealers Association
 ADDRESS (Business Address Acceptable)
1517 L St. Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 25 / 14</u>	<u>\$ 50</u>	<u>Food, Drink at Recpt</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
The Allen P. Kirby, Jr. Center for Constitutional Studi
 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)
<u>10 / 12 / 14</u>	<u>\$ 353</u>	<u>Dinner and entertainmt</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
The Unforgettable's Foundation
 ADDRESS (Business Address Acceptable)
345 Pearl Ave., Ste 230 Redlands, CA 92374
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foundation Helping Families who have lost children

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 14 / 14</u>	<u>\$ 75</u>	<u>dinner</u>
<u>09 / 12 / 14</u>	<u>\$ 60</u>	<u>Black Found Awd.</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>

Filer's Verification

Print Name Mike Morrell

Office, Agency or Court State Senate

Statement Type 2013/2014 Annual Assuming Leaving
 _____ Annual 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 5-21-15

Filer's Signature (c)(1)

Comments: _____

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STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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COVER PAGE

MAR 2 2015 *OP*

RS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Morrell Mike Lawrence

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Senate
Division, Board, Department, District, if applicable
Senate District 23
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 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: _____

4. Schedule Summary

Check applicable schedules or "None." **► Total number of pages including this cover page: 6**
 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

(c)(1)

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

Date Signed Feb 27, 15
(month, day, year)

(c)(1)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Morrell

NAME OF BUSINESS ENTITY
Prudential
GENERAL DESCRIPTION OF THIS BUSINESS
Insurance Company
FAIR MARKET VALUE
\$10,001 - \$100,000
NATURE OF INVESTMENT
Stock
IF APPLICABLE, LIST DATE:
ACQUIRED 14 DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED 14 DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED 14 DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED 14 DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED 14 DISPOSED 14

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:
ACQUIRED 14 DISPOSED 14

Comments:

SCHEDULE D
Income – Gifts

Name
 Morrell

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

ADDRESS *(Business Address Acceptable)*
 1334 SouthCentral Ave. Los Angeles, CA 90021

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Beverage Distribution

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

▶ NAME OF SOURCE *(Not an Acronym)*
 California New Car Dealers Association

ADDRESS *(Business Address Acceptable)*
 1517 L St. Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 25 / 14	\$ 49.89	Food, Drink at Recpt
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 The Allan P. Kirby, Jr. Center for Constitutional Studi

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	\$ 353.11	
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 The Unforgettable's Foundation

ADDRESS *(Business Address Acceptable)*
 345 Pearl Ave., Ste. 230 Redlands, CA 92374

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Foundation Helping Families who have lost children

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 14 / 14	\$ 75.00	dinner
09 / 12 / 14	\$ 60.00	Black Found Awd.
___ / ___ / ___	\$ _____	_____

▶ 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: _____