CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Brownley	Julia	Andrews	[redacted]

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[redacted]	[redacted]	[redacted]	[redacted]	916-319-2141

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

41st Assembly District

Your Position:

Assembly Member

▸ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ___/___/___, through December 31, 2009.

☐ Leaving Office Date Left: ___/___/___
(Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

▸ **Total number of pages including this cover page:** 4

▸ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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 3/1/10

Signature [redacted]

SCHEDULE B

Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Brownley

<BLUE> is a required field

** Select from drop down list*

*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:

Real Property Disclosure

STREET ADDRESS OR PRECISE LOCATION AND CITY	FAIR MARKET VALUE*	LIST DATE ACQUIRED OR DISPOSED (mm/dd/2009)	A or D	NATURE OF INTEREST* (if "other," describe)	IF RENTAL PROPERTY, LIST GROSS INCOME RECEIVED*	SOURCE OF RENTAL INCOME OF $10,000 OR MORE
80th and Sweetzer, Rosamond, CA	$10,001 - $100,000			Ownership/Deed of Trust		Parcel #s: 315-220-14-00-0, 315-220-17-00-9, 315-220-16-00-6, 315-220-15-00-3

Lender Disclosure

NAME AND ADDRESS OF LENDER* *(Business Address Acceptable)* AND GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	INTEREST RATE (%)	TERM (Mos/Yrs)	HIGHEST BALANCE*

Schedule D
Income - Gifts

CALIFORNIA FORM 700
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<BLUE> is a required field

NAME AND ADDRESS OF SOURCE (*Business Address Acceptable*)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
CA Tribal Business Alliance 1530 J St., Suite 250 Sacramento, CA 95814		01/14/09	$ 88.77	Back-to-Session Bash reception
Bass for Assembly 777 S. Figueroa St., Suite 4050 Los Angeles, CA 90017		01/08/09 01/09/09	72.51 11.95	Jacket 2 breakfasts and 1 lunch
CA Democratic Party 1401 21st St., Suite 200 Sacramento, CA 95811		01/08/09	$ 73.27	Dinner
MedImmune, Inc. 1 MedImmune Way Gaithersburg, Maryland 20878		03/11/09	$ 58.72	Dinner

CALIFORNIA FORM 700
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SCHEDULE E
Income - Gifts
Travel Payments, Advances, and Reimbursements

<BLUE> is a required field

You are not required to report income from government agencies.

NAME AND ADDRESS OF SOURCE *(Business Address Acceptable)*	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE(S) (mm/dd/yy) (If applicable)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	DESCRIPTION
City of Los Angeles 1400 K St., Room 208 Sacramento, CA 95814		1/09-3/09 4/09-6/09 7/09-9/09 10/09-12/09	150.00 150.00 150.00 150.00	Gift	airport parking for official government business