CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Office Use Only

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2011 MAR -1 PM 5:05

Please type or print in ink.

GP

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Lieu	Ted	W

1. Office, Agency, or Court

Agency Name
California State Senate

Division, Board, Department, District, if applicable: District 28

Your Position: California State Senator

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- [x] State
- [ ] Judge (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, 2010, through December 31, 2010.
  -or-
  The period covered is ___/___/___, through December 31, 2010.
- [x] **Assuming Office:** Date 02 / 18 / 11
- [ ] **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ___/___/___ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ **Total number of pages including this cover page:** _____

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **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 tha

Date Signed 02/28/11
(month, day, year)

Signatu

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted W. Lieu

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: US Air Force Reserves

ADDRESS *(Business Address Acceptable)*: Los Angeles AFB, California

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Armed Forces/National Defense

YOUR BUSINESS POSITION: Lt. Colonel/Military Prosecutor

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☒ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Hariton Investments

ADDRESS *(Business Address Acceptable)*: 2130 Huntington Drive, South Pasadena, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Investments

YOUR BUSINESS POSITION: Spouse's Employment

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☒ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

▶ 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:

NAME OF LENDER*: _____

ADDRESS *(Business Address Acceptable)*: _____

BUSINESS ACTIVITY, IF ANY, OF LENDER: _____

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE: _____% ☐ None

TERM (Months/Years): _____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted W. Lieu

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: City of Los Angeles
ADDRESS *(Business Address Acceptable)*: 1400 K Street, Room 208, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/10	$ 330.00	Airport parking/shuttle
12/1/10	$	
/ /	$	

► NAME OF SOURCE: Law Offices of Olson Hagel & Fishburn LLP
ADDRESS *(Business Address Acceptable)*: 555 Capitol Mall, Suite 1425 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Chukchansi Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/15/10	$ 20.05	Dinner
01/15/10	$ 75.00	Hotel Accommodation
01/15/10	$ 40.00	Ticket to Comedy

► NAME OF SOURCE: State Farm Insurance
ADDRESS *(Business Address Acceptable)*: 1201 K Street, Suite 920, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Bowl Championship Series (BCS) Game

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/07/10	$ 275.00	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Rice Commission
ADDRESS *(Business Address Acceptable)*: 8801 Folsom Blvd Suite 172, Sacramento, CA 95826
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Gift Box

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/01/10	$ 28.71	Gift Box And Contents
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Medical Association
ADDRESS *(Business Address Acceptable)*: 1201 J Street, Suite 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/02/10	$ 25.80	Reception- with food
/ /	$	and beverages
/ /	$	

► NAME OF SOURCE: CA State Floral Association
ADDRESS *(Business Address Acceptable)*: 1521 I Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CA Agriculture Day

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/23/10	$ 16.95	Bouquets
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted W. Lieu

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Bell, McAndrews & Hiltachk, LLP
ADDRESS *(Business Address Acceptable)*
455 Capitol Mall, Suite 801, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Open House

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
0 / 27 / 10	$ 15.97	Reception-Food,
/ /	$	Beverages And
/ /	$	Entertainment

► NAME OF SOURCE
UTLA
ADDRESS *(Business Address Acceptable)*
3303 Wilshire Blvd., 10th Fl, Los Angeles, CA 98001
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meeting/Book

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 23 / 10	$ 26.95	Book: The Death And
/ /	$	Life of the Great
/ /	$	American School

► NAME OF SOURCE
Consumer Attorneys of CA
ADDRESS *(Business Address Acceptable)*
770 L Street, Suite 1200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's Caucus and Minority Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 10	$ 18.01	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE
CA Medical Association
ADDRESS *(Business Address Acceptable)*
1201 J Street, Suite 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 26 / 10	$ 37.40	Reception-Food And
/ /	$	Beverages
/ /	$	

► NAME OF SOURCE
CA Association of Realtors
ADDRESS *(Business Address Acceptable)*
525 South Virgil Ave, Los Angeles, CA 90020
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Capitol Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 10	$ 49.00	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE
CTA
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 10	$ 26.95	Book: How Testing
/ /	$	And Choice Are
/ /	$	Undermining Ed.

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted W. Lieu

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Colbern C. Stuart, III, Esq w/CA Coalition for Families
ADDRESS *(Business Address Acceptable)*
& Children-4139 Via Marina PH3, Marina Del Rey
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Book

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 10	$ 24.95	Book: Taken Into
/ /	$	Custody, The War
/ /	$	Against Fathers

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
CA Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st Street, Suite 200, Sacramento
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 10	$ 38.52	Breakfast-Citizen
/ /	$	Hotel
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

2011 NOT RECD.

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Lieu	Ted	W

1. Office, Agency, or Court

Agency Name
California State Senate

Division, Board, Department, District, if applicable: District 28

Your Position: California State Senator

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

- [ ] **Assuming Office:** Date ____/____/____
- [ ] **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** _____

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
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- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE

(c)(1)

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 acknowledge this is a public document.

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

Date Signed 02/28/11 *(month, day, year)*

Signature (c)(1) *(File the originally signed statement with your filing official.)*

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted W. Lieu

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: US Air Force Reserves

ADDRESS *(Business Address Acceptable)*: Los Angeles AFB, California

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Armed Forces/National Defense

YOUR BUSINESS POSITION: Lt. Colonel/Military Prosecutor

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☒ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Hariton Investments

ADDRESS *(Business Address Acceptable)*: 2130 Huntington Drive, South Pasadena, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Investments

YOUR BUSINESS POSITION: Spouse's Employment

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☒ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

▶ 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:

NAME OF LENDER*: _____

ADDRESS *(Business Address Acceptable)*: _____

BUSINESS ACTIVITY, IF ANY, OF LENDER: _____

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE: _____% ☐ None

TERM (Months/Years): _____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted W. Lieu

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
City of Los Angeles
ADDRESS *(Business Address Acceptable)*
1400 K Street, Room 208, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/10	$ 330.00	Airport parking/shuttle
12/1/10	$	
/ /	$	

► NAME OF SOURCE
Law Offices of Olson Hagel & Fishburn LLP
ADDRESS *(Business Address Acceptable)*
555 Capitol Mall, Suite 1425 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chukchansi Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/15/10	$ 20.05	Dinner
01/15/10	$ 75.00	Hotel Accommodation
01/15/10	$ 40.00	Ticket to Comedy

► NAME OF SOURCE
State Farm Insurance
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 920, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bowl Championship Series (BCS) Game

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/07/10	$ 275.00	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE
CA Rice Commission
ADDRESS *(Business Address Acceptable)*
8801 Folsom Blvd Suite 172, Sacramento, CA 95826
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gift Box

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/01/10	$ 28.71	Gift Box And Contents
/ /	$	
/ /	$	

► NAME OF SOURCE
CA Medical Association
ADDRESS *(Business Address Acceptable)*
1201 J Street, Suite 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/02/10	$ 25.80	Reception- with food
/ /	$	and beverages
/ /	$	

► NAME OF SOURCE
CA State Floral Association
ADDRESS *(Business Address Acceptable)*
1521 I Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA Agriculture Day

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/23/10	$ 16.95	Bouquets
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted W. Lieu

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Bell, McAndrews & Hiltachk, LLP
ADDRESS *(Business Address Acceptable)*
455 Capitol Mall, Suite 801, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Open House

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
0 / 27 / 10	$ 15.97	Reception-Food,
/ /	$	Beverages And
/ /	$	Entertainment

► NAME OF SOURCE
UTLA
ADDRESS *(Business Address Acceptable)*
3303 Wilshire Blvd., 10th Fl, Los Angeles, CA 98001
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meeting/Book

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 23 / 10	$ 26.95	Book: The Death And
/ /	$	Life of the Great
/ /	$	American School

► NAME OF SOURCE
Consumer Attorneys of CA
ADDRESS *(Business Address Acceptable)*
770 L Street, Suite 1200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's Caucus and Minority Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 10	$ 18.01	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE
CA Medical Association
ADDRESS *(Business Address Acceptable)*
1201 J Street, Suite 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 26 / 10	$ 37.40	Reception-Food And
/ /	$	Beverages
/ /	$	

► NAME OF SOURCE
CA Association of Realtors
ADDRESS *(Business Address Acceptable)*
525 South Virgil Ave, Los Angeles, CA 90020
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Capitol Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 10	$ 49.00	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE
CTA
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 10	$ 26.95	Book: How Testing
/ /	$	And Choice Are
/ /	$	Undermining Ed.

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted W. Lieu

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Colbern C. Stuart, III, Esq w/CA Coalition for Families
ADDRESS *(Business Address Acceptable)*
& Children-4139 Via Marina PH3, Marina Del Rey
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Book

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/20/10	$ 24.95	Book: Taken Into
/ /	$	Custody, The War
/ /	$	Against Fathers

► NAME OF SOURCE
CA Democratic Party
ADDRESS *(Business Address Acceptable)*
1401 21st Street, Suite 200, Sacramento
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/19/10	$ 38.52	Breakfast-Citizen
/ /	$	Hotel
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: