CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL PRACTICES COMMISSION
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BY: Olga

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Solorio	Jose	Juan

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable: District 69

Your Position: State Assemblyman

► 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 or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ___/___/_____, through December 31, 2011.
- [ ] **Assuming Office:** Date assumed ___/___/_____
- [ ] **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2011, 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:* 6

- [x] **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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

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

herein and in any attached schedules is true and complete. I acknowledge this

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

Date Signed 2/28/12 (month, day, year) Signat

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jose Solorio

► NAME OF BUSINESS ENTITY
Netflix

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Movie Rental

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
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- [ ] Other _____ (Describe)
- [ ] Partnership
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___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
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- [ ] Other _____ (Describe)
- [ ] Partnership
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IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Jose Solorio

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: California Healthcare Institute
ADDRESS (Business Address Acceptable): 888 Prospect Street, Suite 220, La Jolla, CA 92037
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 11	$ 81.64	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: John A. Perez for Assembly 2012
ADDRESS (Business Address Acceptable): 777 S. Figueroa St., Ste. 4050, Los Angeles, 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	$ 10.00	Beverages
02 / 09 / 11	$ 84.30	Jacket
/ /	$	

► NAME OF SOURCE: California Democratic Party
ADDRESS (Business Address Acceptable): 1401 21st Street, Suite 200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	$ 117.09	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: California Latino Caucus Institute
ADDRESS (Business Address Acceptable): 301 E. Colorado Blvd., Ste.800,Pasadena, CA 91101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 501(c)(3) tax-exempt nonprofit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 11	$ 100.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: California Building Industry Association
ADDRESS (Business Address Acceptable): 1215 K Street, Suite 1200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 26 / 11	$ 101.62	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: Southern California Edison
ADDRESS (Business Address Acceptable): 2244 Walnut Grove Ave., Rosemead, CA 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 05 / 11	$ 380.00	Tickets Baseball game
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Jose Solorio

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Civil Justice Association of California
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 1850, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 04 / 11	$ 48.65	Reception
04 / 04 / 11	$ 7.41	Lunch
/ /	$	

► NAME OF SOURCE
Bank of America, N.A.
ADDRESS *(Business Address Acceptable)*
1100 N. King St., Wilmington, DE 19884
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 11	$ 66.19	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
EdVoice
ADDRESS *(Business Address Acceptable)*
1107 9th Street, #690, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3) tax-exempt nonprofit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 03 / 11	$ 82.00	Bottle wine/ chocolate
/ /	$	
/ /	$	

► NAME OF SOURCE
California Latino Caucus Leadership PAC
ADDRESS *(Business Address Acceptable)*
400 Capitol Mall, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3) tax-exempt nonprofit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 11	$ 274.30	iPad
/ /	$	
/ /	$	

► NAME OF SOURCE
Voter Outreach Taking Action (VOTA)
ADDRESS *(Business Address Acceptable)*
400 Capitol Mall, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3) tax-exempt nonprofit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 11	$ 274.30	iPad
/ /	$	
/ /	$	

► NAME OF SOURCE
BayBio
ADDRESS *(Business Address Acceptable)*
400 Oyster Point Blvd., Ste. 221, So. San Francisco
BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit 501(c)(6) trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 11	$ 81.64	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
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Name
Jose Solorio

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **You must 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. These payments are not subject to the $420 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE
John Wayne Airport
ADDRESS *(Business Address Acceptable)*
3160 Airway Ave.
CITY AND STATE
Costa Mesa, CA 92626
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government Entity
DATE(S): 01/01/11 - 12/31/11 *(If gift)* AMT: $ 600.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Airport parking from government agency for official travel (limits do not apply).

▶ NAME OF SOURCE
California Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
nonprofit (501(c)(4))
DATE(S): 01/31/11 - / / *(If gift)* AMT: $ 92.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Dinner provided following speech on legislative priorities for 2011 and the State of the State.

▶ NAME OF SOURCE
California Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
nonprofit (501(c)(4))
DATE(S): 08/22/11 - / / *(If gift)* AMT: $ 95.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Meal provided for panel discussion regarding end-of-session legislative priorities.

▶ NAME OF SOURCE
California Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
nonprofit (501(c)(4))
DATE(S): 12/12/11 - 12/14/11 *(If gift)* AMT: $ 795.00
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Made a speech/ participated in a panel/ lodging/ meals associated with panel discussion.

Comments:

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Name
Jose Solorio

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **You must 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. These payments are not subject to the $420 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE
EdVoice
ADDRESS *(Business Address Acceptable)*
1107 9th Street, #690
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 08 / 03 / 11 - 08 / 04 / 11 *(If gift)* AMT: $ 1217.55

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Participated in panel/ lodging/ meals associated with panel discussion.

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: