CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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FAIR POLITICAL
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
WRIGHT	RODERICK	DEVON

1. Office, Agency, or Court

Agency Name
CALIFORNIA STATE LEGISLATURE

Division, Board, Department, District, if applicable: STATE SENATE 25TH DISTRICT

Your Position: 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 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 ___/___/_____
- [ ] **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.
- [x] **Candidate:** Election Year 2012 Office sought, if different than Part 1: SENATE DISTRICT 35

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
- [x] **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*

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

Date Signed FEBRUARY 29, 2012 *(month, day, year)*

Signatu

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
RODERICK D. WRIGHT

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
868 Glenway Drive

CITY
Inglewood, CA 90302

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

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

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.

Wanda Sanders/Samahndi Cunningham/Donna El-Armante/Autumn Paysinger

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4556 Don Milagro Drive

CITY
Los Angeles, CA 90008

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

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.

* 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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7627 S. Dalton Avenue

CITY
Los Angeles, Ca 90047

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

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.

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

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

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.

* 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 _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
CA Association of Winegrape Growers
ADDRESS *(Business Address Acceptable)*
1325 J Street, Suite 1560, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 25 / 11	$ 34.57	food and beverage
/ /	$	
/ /	$	

▶ NAME OF SOURCE
CTIA The Wireless Association
ADDRESS *(Business Address Acceptable)*
1400 16th St. NW, Ste. 600, Washington, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 11	$ 96.92	Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE
IBM Corporation c/o Pillsbury Winthrop Shaw & Pittm
ADDRESS *(Business Address Acceptable)*
2600 Capitol Avenue, Suite 300, Sacramento 95816
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 14 / 11	$ 21.35	Watson Jeopardy Even
/ /	$	
/ /	$	

▶ NAME OF SOURCE
California State Floral Association
ADDRESS *(Business Address Acceptable)*
1521 I Street, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 11	$ 16.95	flower bouquets
/ /	$	
/ /	$	

▶ NAME OF SOURCE
AT&T Inc. and Its Affiliates
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1800, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	$ 1.40	beverage
02 / 18 / 11	$ 71.27	dinner
/ /	$	

▶ NAME OF SOURCE
Napa Valley Vintners
ADDRESS *(Business Address Acceptable)*
P.O. Box 141, St. Helena 94574
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 11	$ 13.13	Reception
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
California Hospital Association
ADDRESS *(Business Address Acceptable)*
1215 K Street, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 11	$ 25.26	Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Covanta Energy
ADDRESS *(Business Address Acceptable)*
40 Lane Road, Fairfield, New Jersey 07004
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 08 / 11	$ 30.20	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Engineering & Utility Contractors Association
ADDRESS *(Business Address Acceptable)*
17 Crow Canyon Court, Ste. 100, San Ramon 94583
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 11	$ 102.50	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
California Black Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
c/oManatt 1215 K St. #1900, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 11	$ 48.29	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
California Association of Realtors
ADDRESS *(Business Address Acceptable)*
525 South Virgil Avenue, Los Angeles 90020
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 11	$ 49.00	Reception
/ /	$	
/ /	$	

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

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

Comments:

CALIFORNIA FORM **700**
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Name
Roderick D. Wright

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Viejas Band of Kumeyaay Indians
ADDRESS *(Business Address Acceptable)*
1 Viejas Grade Road, Alpine 91901
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 02 / 11	$ 24.78	Lunch
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Barona Band of Mission Indians
ADDRESS *(Business Address Acceptable)*
1095 Barona Road, Lakeside 92040-1599
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / 11	$ 27.60	meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Save Vernon Jobs Coalition
ADDRESS *(Business Address Acceptable)*
3801 S. Santa Fe Avenue, Vernon, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 08 / 11	$ 50.00	Vernon gift basket
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Southern California Edison
ADDRESS *(Business Address Acceptable)*
2244 Walnut Grove Avenue, Rosemead 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 04 / 11	$ 115.40	meal and beverage
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Kaiser Foundation Health Plan, Inc.
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 2030, Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 16 / 11	$ 46.71	Leadership breakfast
/ /	$	
/ /	$	

▶ NAME OF SOURCE
PricewaterhouseCoopers
ADDRESS *(Business Address Acceptable)*
c/o Aprea & Micheli 1415 L St. Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 11	$ 8.34	beverage
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
RODERICK D. WRIGHT

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
California Legislative Black Caucus Policy Institute
ADDRESS *(Business Address Acceptable)*
5471 South Hillcrest Drive, Los Angeles 90043
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 11	$ 280.00	spa treatment
/ /	$	
/ /	$	

▶ 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)
/ /	$	
/ /	$	
/ /	$	

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

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

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Roderick D. Wright

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
California Dental Association
ADDRESS *(Business Address Acceptable)*
1201 K Street, 14th Floor
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 08 / 11 - ___/___/___ *(If gift)* AMT: $ 30.07

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

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
gift consisted of dinner at the Cavallo Point Lodge

▶ NAME OF SOURCE
CA Foundation on the Environment & the Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 10 / 29 / 11 - 11 / 10 / 11 *(If gift)* AMT: $ 11,174

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

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Participated in Study Travel Project to Italy

▶ NAME OF SOURCE
CA Foundation on the Environment & the Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 09 / 11 - 12 / 10 / 11 *(If gift)* AMT: $ 419.22

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

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
gift consisted of lodging, meal and beverage in connection with participating in roundtable summit

---

▶ NAME OF SOURCE
Legislative Leadership Institute
ADDRESS *(Business Address Acceptable)*
721 Cardinal Lane, Suite 105
CITY AND STATE
Green Bay Wisconsin 54313
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Master of Internat'l Relations Prog.

DATE(S): 10 / 20 / 11 - 10 / 30 / 11 *(If gift)* AMT: $ 14,861.30

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

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
prog. expenses-airfare, hotel, tuition, meals and beverages

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

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
Barona Band of Mission Indians
ADDRESS *(Business Address Acceptable)*
1095 Barona Road
CITY AND STATE
Lakeside, CA 92040-1599
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 08 / 01 / 11 - 08 / 02 / 11 *(If gift)* AMT: $ 101.52

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

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
One night stay at Barona Hotel, 1932 Wildcat Canyon Road, Lakeside, California

---

► NAME OF SOURCE
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
101 West Broadway, Suite 1460
CITY AND STATE
San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 11 / 13 / 11 - 11 / 18 / 11 *(If gift)* AMT: $ 1,979

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

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Received accommodations, meals & beverages in connection w/making a speech & participating in panel

---

► NAME OF SOURCE
CA Foundation on the Environment & the Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 10 / 09 / 11 - 10 / 11 / 11 *(If gift)* AMT: $ 891.79

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

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Received lodging and meals for participating in a roundtable panel on economic recovery and jobs

---

► NAME OF SOURCE
CA Correctional Peace Officers Association
ADDRESS *(Business Address Acceptable)*
755 Riverpointe Drive
CITY AND STATE
West Sacramento, CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 11 / 17 / 11 - / / *(If gift)* AMT: $ 412.68

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

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

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
RODERICK D. WRIGHT

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
California Legislative Black Caucus Policy Institute
ADDRESS *(Business Address Acceptable)*
5471 South Hillcrest Drive
CITY AND STATE
Los Angeles, CA 90043
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 10/14/11 - 10/16/11 *(If gift)* AMT: $ 1,882

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

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
received lodging and meals for participating in legislative seminar

▶ 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: