RECEIVED

Date Received MAR 01 2013

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

BY: Olga

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Conway	Connie	

1. Office, Agency, or Court

Agency Name
California State Assembly

Division, Board, Department, District, if applicable

Your Position
Assemblymember

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

Agency: CA Commission on Disability Access Position: Commissioner

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, 2012, through December 31, 2012.
  -or-
  The period covered is ___/___/_____, through December 31, 2012.
- [ ] **Assuming Office:** Date assumed ___/___/_____
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2012, 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:* 7

- [ ] **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*

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE

Date Signed 2/28/2013 (month, day, year)

Signatu

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Conway, Connie

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Allergan, Inc.
ADDRESS *(Business Address Acceptable)*
2350 Kerner Blvd, #250, San Rafael, CA 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceutical Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 02 / 12	$ 43.25	Meal
09 / 26 / 12	$ 86.35	Meal
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Citrus Mutual
ADDRESS *(Business Address Acceptable)*
512 N. Kaweah Ave., Exeter, CA 93221
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Citrus Growers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 12	$ 25.95	Oranges
03 / 20 / 12	$ 85.72	Meal
03 / 21 / 12	$ 3.66	Fruit

► NAME OF SOURCE *(Not an Acronym)*
Speaker's Ofce of International Relations & Protocol*
ADDRESS *(Business Address Acceptable)*
1020 N Street #387
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 26 / 12	$ 128.20	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Correctional Peace Officers Assn.
ADDRESS *(Business Address Acceptable)*
755 Riverpoint Dr., W. Sacramento, CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 12	$ 83.45	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Barona Resort & Casino
ADDRESS *(Business Address Acceptable)*
1095 Barona Road, Lakeside, CA 92040
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospitality/Casino/Dining

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / 12	$ 94.49	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Cut Flower Commission
ADDRESS *(Business Address Acceptable)*
P. O. Box 90225, Santa Barbara, CA 93190
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 29 / 12	$ 60.00	Flowers
/ /	$	
/ /	$	

Comments: *501(c)3 Dignitary dinner for Federal Senators from Mexico

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Conway, Connie

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Grape & Tree Fruit League
ADDRESS *(Business Address Acceptable)*
978 W. Alluvial, Ste 107, Fresno, CA 93711
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 12	$ 72.25	Meal
02 / 29 / 12	$ 5.00	Bag
02 / 29 / 12	$ 9.00	Hat

► NAME OF SOURCE *(Not an Acronym)*
California Hospital Assn.
ADDRESS *(Business Address Acceptable)*
1215 K Street Suite 800, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 18 / 12	$ 116.28	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Grape & Tree Fruit League
ADDRESS *(Business Address Acceptable)*
978 W. Alluvial, Ste 107, Fresno, CA 93711
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 20 / 12	$ 60.36	Meal
08 / 22 / 12	$ 15.00	Tin with Fruit
12 / 03 / 12	$ 31.75	Meal

► NAME OF SOURCE *(Not an Acronym)*
Del Mar Thoroughbred Club
ADDRESS *(Business Address Acceptable)*
P. O. Box 700, Del Mar, CA 92014
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Horse Racing Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 12	$ 305.00	Tickets, Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Manufacturing & Technology Assn.
ADDRESS *(Business Address Acceptable)*
1115 Elevanth SL, Secramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 12	$ 143.06	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
FedEx Corporation
ADDRESS *(Business Address Acceptable)*
1201 K Street, #727, Secramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Shipping Comany

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 12	$ 87.18	Meal
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Conway, Connie

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa #4050, Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 04 / 12	$ 39.00	Engraved Box
12 / 02 / 12	$ 49.40	Food/drink
12 / 02 / 12	$ 85.60	Emgraved glass bowl

► NAME OF SOURCE *(Not an Acronym)*
Technet
ADDRESS *(Business Address Acceptable)*
5050 El Camino Raal, Ste 106
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Altos, CA 94022

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 12	$ 48.04	Gift Bag
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Pechanga Resort & Casino
ADDRESS *(Business Address Acceptable)*
1315 L Street #410, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment/Hospitality industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 18 / 12	$ 124.88	Meal
08 / 18 / 12	$ 107.42	Lodging
08 / 17 / 12	$ 19.31	Meal

► NAME OF SOURCE *(Not an Acronym)*
University of California Government Relations
ADDRESS *(Business Address Acceptable)*
10920 Wilshire Blvd. #1500, Los Angeles, CA 90024
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 03 / 12	$ 113.00	Tickets/meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Walt Disney Company
ADDRESS *(Business Address Acceptable)*
500 S. Buena Vista SL, Burbank, CA 91521
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 13 / 12	$ 200.00	Park passes
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Conway, Connie

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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE *(Not an Acronym)*
California Assn. of Life & Health Insurance Companies
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 1850
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)

DATE(S): 09 / 19 / 12 - 09 / 20 / 12 *(If gift)* AMT: $ 1,300.22

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

☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, meals, lodging

▶ NAME OF SOURCE *(Not an Acronym)*
California Economic Summit
ADDRESS *(Business Address Acceptable)*
1101 9th Street, Suite 850
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 05 / 10 / 12 - 05 / 11 / 12 *(If gift)* AMT: $ 85.00

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

☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, meals

▶ NAME OF SOURCE *(Not an Acronym)*
California Alliance of Taxpayer ADvocates
ADDRESS *(Business Address Acceptable)*
455 Capitol Mall, Suite 800
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 09 / 12 - 12 / 10 / 12 *(If gift)* AMT: $ 128.00

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

☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, meals, lodging

▶ NAME OF SOURCE *(Not an Acronym)*
TechNet
ADDRESS *(Business Address Acceptable)*
5050 El Camino Real, Suite 106
CITY AND STATE
Los Altos, CA 94022
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12 / 12 / 12 - 12 / 13 / 12 *(If gift)* AMT: $ 394.66

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

☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, meals, lodging

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Conway, Connie

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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE *(Not an Acronym)*
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
101 W. Broadway, Suite 1480
CITY AND STATE
San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
DATE(S): 11 / 11 / 12 - 11 / 15 / 12 *(If gift)* AMT: $ 2,513.79
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, meals, lodging

► NAME OF SOURCE *(Not an Acronym)*
Republican State Leadership Committee
ADDRESS *(Business Address Acceptable)*
1201 F Street NW, #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
527
DATE(S): 09 / 30 / 12 - 10 / 02 / 12 *(If gift)* AMT: $ 1,300.22
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, meals, lodging

► NAME OF SOURCE *(Not an Acronym)*
Republican State Leadership Committee
ADDRESS *(Business Address Acceptable)*
1201 F Street NW, #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
527
DATE(S): 04 / 01 / 12 - 04 / 02 / 12 *(If gift)* AMT: $ 917.83
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, meals, lodging

► NAME OF SOURCE *(Not an Acronym)*
Republican State Leadership Committee
ADDRESS *(Business Address Acceptable)*
1201 F Street NW, #675
CITY AND STATE
Washington DC 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
527
DATE(S): 07 / 11 / 12 - 07 / 13 / 12 *(If gift)* AMT: $ 1,564.20
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel, meals, lodging

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Conway, Connie

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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE *(Not an Acronym)*
Council for Legislative Excellence
ADDRESS *(Business Address Acceptable)*
2159 River Plaza Drive
CITY AND STATE
Sacramento, CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)4
DATE(S): 02 / 07 / 12 - ___/___/___ *(If gift)* AMT: $ 81.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Meals

► NAME OF SOURCE *(Not an Acronym)*
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 *(Not an Acronym)*
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 *(Not an Acronym)*
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: