



2013 FEB 28 PM 1:18

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Torlakson Tom Allen

1. Office, Agency, or Court

Agency Name
 California Department of Education **State Superintendent of Public Instruction**
 Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (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, 2012, through December 31, 2012.
- or- The period covered is _____, through December 31, 2012.
- Assuming Office:** Date assumed _____
- 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.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

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
 - Schedule C - Income, Loans, & Business Positions** - schedule attached
 - Schedule D - Income - Gifts** - schedule attached
 - Schedule E - Income - Gifts - Travel Payments** - schedule attached
- or- **None** - No reportable interests on any schedule

5. Verification

[Redacted Signature Area]

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

Date Signed 2/28/13 Signature _____
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)
Jeff Gilles
 ADDRESS (Business Address Acceptable)
316 Cayuga Street, Salinas, CA 93801
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lawyer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 12</u>	<u>\$300</u>	<u>Dinner, Tom & 2 staff</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Californiana Dedicated to Education Foundation
 ADDRESS (Business Address Acceptable)
11501 Dublin Blvd. #200, Dublin CA 94568
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 3 / 12</u>	<u>\$100.00</u>	<u>dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
The CA Democratic Party
 ADDRESS (Business Address Acceptable)
1401 21st Street, #200, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 7 / 12</u>	<u>108.46</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
National Electrical Contractors Association, LA
 ADDRESS (Business Address Acceptable)
100 E Corson Street, #401, Pasadena CA 91103
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 11 / 12</u>	<u>\$200.00</u>	<u>2 tix to ball</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Laboral De La Raza
 ADDRESS (Business Address Acceptable)
2947 16th Street, San Francisco CA 94103
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 17 / 12</u>	<u>\$75.00</u>	<u>Awards dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CA Charter School Association
 ADDRESS (Business Address Acceptable)
1107 9th Street #200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 27 / 12</u>	<u>155.66</u>	<u>reception, self & 1 staff</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)
School Masters Club

ADDRESS (Business Address Acceptable)
115 Midway Dr, Woodland CA 95695

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 2 / 12	\$ 90.00	dinner; self & wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Lucas Public Affaira

ADDRESS (Business Address Acceptable)
1215 K Street, sulta 1120, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PR Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 5 / 12	\$ 50.00	1 tix to awards dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Wine Institute Annual Reception

ADDRESS (Business Address Acceptable)
425 Market Street, #1000 San Francisco 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 12 / 12	\$ 86.23	wina reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Contra Costa Labor Council

ADDRESS (Business Address Acceptable)
1333 Pine Street, #E, Martinez CA 94553

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 19 / 12	\$ 100.00	2 dinner tix
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Ken Bahrng

ADDRESS (Business Address Acceptable)
3920 Blackhawk Road, Danville, CA 94506

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Invastor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 20 / 12	\$ 170.00	Dinner, self & wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
34 District PTA

ADDRESS (Business Address Acceptable)
2327 L Street, Sacramento CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Parent Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 10 / 12	\$ 100.00	lunch & award
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)
Bay Area Council

ADDRESS (Business Address Acceptable)
201 California Street, San Francisco, CA94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c4

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 11 / 12	\$ 120.00	dinner; self & 1 staff
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Google

ADDRESS (Business Address Acceptable)
1600 Amphitheatre Pkwy, Mountain View, CA 94043

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tech Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 14 / 12	\$ 350.00	2 Tix to awards dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
USC Institute of Armenian Studies

ADDRESS (Business Address Acceptable)
USC, Los Angeles CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Institute of Higher Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 15 / 12	\$ 98.00	gala; self & wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Napa Valley Education Foundation

ADDRESS (Business Address Acceptable)
2425 Jefferson St. #105, Napa CA 94556

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 19 / 12	\$ 40.00	reception; self & wife
4 / 20 / 12	\$ 200.00	dinner; self & wife
4 / 21 / 12	\$ 75.00	breakfast; self & wife
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Big Sur International Marathon Expo

ADDRESS (Business Address Acceptable)
P.O. Box 222820, Camel CA 93922

BUSINESS ACTIVITY, IF ANY, OF SOURCE
International Marathon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 27 / 12	\$ 70.00	reception; self & wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Arts Council

ADDRESS (Business Address Acceptable)
1300 I Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 9 / 12	\$ 15.00	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)
CA State Pipe Trades

ADDRESS (Business Address Acceptable)
1123 L Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 12 / 12	\$ 191.00	dinner, self & wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
NaturaBridge

ADDRESS (Business Address Acceptable)
26 Geary St. 6th Floor, San Francisco, CA 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 17 / 12	\$ 150.00	dinner; self & wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Mulvaney Restaurant

ADDRESS (Business Address Acceptable)
1215 19th St. Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 25 / 12	\$ 25.00	lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CA Interscholastic Federation

ADDRESS (Business Address Acceptable)
4658 Duckhorn Dr, Sacramento CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 7 / 12	\$ 60.00	lunch; self & 1 staff
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
UA Local 467

ADDRESS (Business Address Acceptable)
1519 Rollins Road, Burlingame CA 94010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 9 / 12	\$ 292.52	dinner; self & wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
UC Office of the President

ADDRESS (Business Address Acceptable)
1111 Franklin St. 7th Floor, Oakland CA 94607

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA High Education System

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 13 / 12	\$ 165.00	2 baseball tix & parking
11 / 14 / 12	\$ 194.00	dinner, self, wife & staff
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
Tom Torlakson

▶ NAME OF SOURCE (Not an Acronym)
UC Davls

ADDRESS (Business Address Acceptable)
One Shields Ave, Davls, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Unlveralty

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 14 / 12	\$ 18.56	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Community College League of CA

ADDRESS (Business Address Acceptable)
2017 O Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 15 / 12	\$ 138.58	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Silicon Valley Chamber PAC

ADDRESS (Business Address Acceptable)
101 W Santa Clara St. San Jose, CA 95113

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Community Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 23 / 12	\$ 100.00	dinner, self & 1 staff
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Best Buddlea

ADDRESS (Business Address Acceptable)
100 SE Second St #2200, Miami, FL 33131

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 3 / 12	\$ 350.00	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Armenian National Committee -Western Region

ADDRESS (Business Address Acceptable)
104 N. Ballmont Street #205, Glandale, CA 91208

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501c4

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 26 / 12	\$ 150.00	Benquet; self & wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Lake Tahoe Community College Foundation

ADDRESS (Business Address Acceptable)
1 College Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
South Lake Tahoe, CA 96150

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 5 / 12	\$ 52.00	meals, Spanish class
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

Name
 Tom Torlakson

- 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)
 School of Education UC Davis

ADDRESS (Business Address Acceptable)
 One Shields Ave,

CITY AND STATE
 Davis CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 State Unlverslty

DATE(S): 1 / 25 / 12 - 1 / 25 / 12 AMT: \$ 92.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel
 Other - Provide Description

spoke at forum. Went to reception afterwards w/ 1
staff person.

▶ NAME OF SOURCE (Not an Acronym)
 Association of California School Administrators

ADDRESS (Business Address Acceptable)
 1029 J Street #500

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 School administrators group

DATE(S): 1 / 26 / 12 - 1 / 26 / 12 AMT: \$ 200.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel
 Other - Provide Description

spoke at reception & lunch. 1 staff attended both
events.

▶ NAME OF SOURCE (Not an Acronym)
 Ca Association of Latino Superintendents & Admins

ADDRESS (Business Address Acceptable)
 1029 J Street

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Latino Superintendants & Administrators group

DATE(S): 1 / 26 / 12 - 1 / 26 / 12 AMT: \$ 16
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel
 Other - Provide Description

Spoke at their breakfast.

▶ NAME OF SOURCE (Not an Acronym)
 Ca Association of Latino Superintendents & Admins

ADDRESS (Business Address Acceptable)
 1029 J Street

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Latino Superintendents & Administrators group

DATE(S): 7 / 16 / 12 - 7 / 20 / 12 AMT: \$ 408.50
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel
 Other - Provide Description

Spoke at several events at their two day conference

Comments: _____

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

Name
Tom Torlakson

- 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)
Campbell Boys & Girls Club

ADDRESS (Business Address Acceptable)
518 Valley Way

CITY AND STATE
Millipitas, CA 95035

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Boys & Girls Club

DATE(S): 1 / 27 / 12 - 1 / 27 / 12 AMT: \$ 181.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Spoke at their lunch. Accepted an award. 1 staffer
attended with him.

▶ NAME OF SOURCE (Not an Acronym)
Public Policy Institute of California

ADDRESS (Business Address Acceptable)
500 Washington St, #600

CITY AND STATE
San Francisco CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 2 / 2 / 12 - 2 / 2 / 12 AMT: \$ 72.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Working lunch with PPIC staff and CDE staff. 6
staffers attended.

▶ NAME OF SOURCE (Not an Acronym)
Public Policy Institute of California

ADDRESS (Business Address Acceptable)
500 Washington St, #600

CITY AND STATE
San Francisco CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 6 / 30 / 12 - 6 / 30 / 12 AMT: \$ 45.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Tom spoke on a panel during a luncheon. Two staffers
also attended.

▶ NAME OF SOURCE (Not an Acronym)
Public Policy Institute of California

ADDRESS (Business Address Acceptable)
500 Washington St, #600

CITY AND STATE
San Francisco CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 9 / 11 / 12 - 9 / 11 / 12 AMT: \$ 109.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Tom spoke at their reception & dinner. One staff
person also attended.

Comments: _____

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

Name
Tom Torlakson

- 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)
Computer Using Educators
 ADDRESS (Business Address Acceptable)
877 Ygnacio Valley Rd #3104
 CITY AND STATE
Walnut Creek, CA 94598
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education Advocacy Organization
 DATE(S): 3 / 17 / 12 . 3 / 18 / 12 AMT: \$ 787.95
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated In a Panel
 Other - Provide Description
Travel paid for the Superintendent to speak at their
conference.

▶ NAME OF SOURCE (Not an Acronym)
CA Arts Council
 ADDRESS (Business Address Acceptable)
1300 t Street,
 CITY AND STATE
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education Advocacy Organization
 DATE(S): 3 / 22 / 12 . 3 / 22 / 12 AMT: \$ 40.00
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated In a Panel
 Other - Provide Description
Meal during which the Superintendent spoke at the
"Create e State" event. One staff person attended.

▶ NAME OF SOURCE (Not an Acronym)
San Francisco Foundation
 ADDRESS (Business Address Acceptable)
225 Bush Street, Suite 500
 CITY AND STATE
San Francisco, CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Economic Advocacy Group
 DATE(S): 4 / 17 / 12 . 4 / 18 / 12 AMT: \$ \$40.00
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated In a Panel
 Other - Provide Description
Snacks while the Superintendant spoke at two of their
roundtables. His wife attended one of the roundtables.

▶ NAME OF SOURCE (Not an Acronym)
Child Development Policy Institute
 ADDRESS (Business Address Acceptable)
7715 Bell Ridge Way
 CITY AND STATE
Sacramento, CA 95831
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education Advocacy Organization
 DATE(S): 5 / 18 / 12 . 5 / 18 / 12 AMT: \$ 50.00
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Snacks while the Superintendant spoke at e reception.
One staffer also attended.

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Tom Torlakson

- 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)
Bob White

ADDRESS (Business Address Acceptable)
960 9th Street #2000

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501(c)(3)
Consultant

DATE(S): 5 / 29 / 12 5 / 29 / 12 AMT: \$ 158.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Reception and meal while speaking at a education
roundtable.

▶ NAME OF SOURCE (Not an Acronym)
Council of Chlrat State School Officers

ADDRESS (Business Address Acceptable)
1 Massachusetts Ave., NW Suite 700

CITY AND STATE
Washington D.C. 20001-1431

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501(c)(3)
Education researh & advocacy group

DATE(S): 6 / 19 / 12 6 / 21 / 12 AMT: \$ 1,277.72
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and meals for attended a conference. One staff
peroon also attendad.

▶ NAME OF SOURCE (Not an Acronym)
Silicon Velley Education Foundation

ADDRESS (Business Address Acceptable)
1400 Parkmoor Ave., Suite 200

CITY AND STATE
San Jose, CA 95128

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501(c)(3)

DATE(S): 9 / 5 / 12 9 / 5 / 12 AMT: \$ 130.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Dinner et an awards ceremony at which the
Superintendent spoke.

▶ NAME OF SOURCE (Not an Acronym)
Mufvaney Restaurant

ADDRESS (Business Address Acceptable)
1215 19th Street,

CITY AND STATE
Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501(c)(3)
Restaurant

DATE(S): 9 / 6 / 12 9 / 6 / 12 AMT: \$ \$100.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Dinner at a roundtable that the Superintendent spoke
at.

Comments: _____

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

Name
 Tom Tordekson

- 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)
 CA STEM Learning Network

ADDRESS (Business Address Acceptable)
 One Embarcadero Center, #500

CITY AND STATE
 San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Education Advocacy Group

DATE(S): 10 / 15 / 12 - 10 / 15 / 12 AMT: \$ 494.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Travel and meals while attended and speaking at the CA STEM Learning Network conference.

▶ NAME OF SOURCE (Not an Acronym)
 Riverside County Office of Education

ADDRESS (Business Address Acceptable)
 3939 13th Street,

CITY AND STATE
 Riverside, CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 County Office of Education

DATE(S): 10 / 15 / 12 - 10 / 15 / 12 AMT: \$ 97.80
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Breakfast & lunch for the Superintendent and 1 staffer while attending a summit the Superintendent spoke at.

▶ NAME OF SOURCE (Not an Acronym)
 Coachella Valley Unified School District

ADDRESS (Business Address Acceptable)
 87225 Church Street

CITY AND STATE
 Riverside, CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 School district

DATE(S): 10 / 25 / 12 - 10 / 25 / 12 AMT: \$ 75.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Gift basket handed to the Superintendent while touring a school & speaking at a press conference.

▶ NAME OF SOURCE (Not an Acronym)
 Eastmont Community Center

ADDRESS (Business Address Acceptable)
 701 Hoefler Ave

CITY AND STATE
 Los Angeles CA 90022

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 11 / 2 / 12 - 11 / 2 / 12 AMT: \$ 70.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Light refreshments for the Superintendent and one staffer while speaking at community center event.

Comments: _____