

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Allen Travis Ethan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

District 72

Your Position

Assemblyman

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

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

- State
- Multi-County _____
- City of _____

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is _____ through December 31, 2014.

- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2014, 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: 5

- 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 [Redacted Signature Area]

I certify under penalty of perjury under the laws of the State of California that I have true and accurately answered questions on this form and completed all schedules and attachments.

Date Signed Mar 2nd, 2015
 (month, day, year)

Signature _____

**Schedule D
Income - Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Travis Allen

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NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Association of California Life and Health Insurance Companies	1201 K Stree, Suite 1820, Sacramento, CA 95814	95814	Dinner	10/1/2014	\$287.77	Food and Beverage
Association of Global Automakers	915 L Street #1210, Sacramento, CA 95814	95814	Reception	5/20/2014	\$43.34	Food and Beverage
CA Association of Winegrape Growers	1325 J St, Suite 1560, Sac, CA 95814	95814	Dinner	2/25/2014	\$80.48	Food and Beverage
CA Foundation for Commerce and Education	1215 K St. STE. 1400, Sac, CA 95814	95814	Lunch	8/26/2014	\$234.72	Lunch
CA Medical Association	1201 J Street, Suite 200, Sac, 95814	95814	Meeting with CMA	4/30/2014	\$58.99	Food and Beverage
CA New Car Dealers Assoc.	1415 L St, Suite 700, Sac, 95814	95814	Reception	4/9/2014	\$68.28	Food and Beverage
CA New Car Dealers Assoc.	1517 L Street, Sacramento, CA 95814	95814	Reception	8/25/2014	\$49.98	food and Beverage
CA Soalr Everage Industries Association	1107 9th St. Ste. 820, Sac, CA 95814	95814	Reception	3/10/2014	\$56.96	Food and Beverage
Cal Chamber	1215 K St., Suite 1400, Sac, CA, 95814	95814	Int'l Luncheon Forum	2/6/2014	\$48.22	Food and Beverage
Cal Chamber	1215 K Street, Suite 1400, Sacramento, CA 95814	95814	Reception	5/20/2014	\$32.06	Food and Beverage
TechAmerica	1400 K St, Suite 201, Sac, 95814	95814	Reception	1/21/2014	\$53.29	Food and Beverage
Crime Victims United of California	11400 Atwood Rd, Auburn, CA 95603	95603	Dinner	2/25/2014	\$50.00	Food and Beverage
EdVoice	1107 9th St, Suite 680, Sac, 95814	95814	Reception	3/19/2014	\$91.31	Food and Beverage
Mooretown Rancheria	1 Alverda Dr, Oroville, CA 95966	95966	Dinner	2/13/2014	\$68.66	Food and Beverage

SCHEDULE E

**Income - Gifts
Travel Payments, Advances,
and Reimbursements**

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

700

Name

Travis Allen

<BLUE> is a required field

- 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 gift limit, but may result in a disqualifying conflict of interest.

NAME AND ADDRESS OF SOURCE <i>(Business Address Acceptable)</i>	BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3)	DATE(S) (mm/dd/yyyy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	MADE A SPEECH/ PARTICIPATED IN A PANEL	DESCRIPTION
Association of California Life and Health Insurance Companies	Conference	NO	10/01/2014-10/03/2014	\$ 2,255.92	Gift	No	
Life Sciences Academy of the California Healthcare Institute		No	12/04/2014-12/05/2014	\$534.25	Gift	Yes	Made a speech
Government of China (and the International Union for Science and Technology Innovation)	Environmental clean up technology, intellectual property transfer, american company meetings, tours of solar and automotive factories, and speaking and attendance at the International Tech-Transfer Conference.	No	April 13, 2014 through April 20, 2014	\$6,000	Gift	Yes	Spoke about California companies working with China and establishing a tech-transfer campus in Baoding.