CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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Please type or print in ink.

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

Arambula Joaquin

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

State Assembly

Division, Board, Department, District, if applicable

District 31

Your Position

Assembly Member

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

Agency: SEE ATTACHED LIST Position:

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

- [X] State
- [ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- [ ] Multi-County
- [ ] County of
- [ ] City of
- [ ] Other

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

- [X] **Annual:** The period covered is January 1, **2024,** through December 31, **2024**.
  -or-
  The period covered is _____/_____/_____, through December 31, **2024**.
- [ ] **Assuming Office:** Date assumed _____/_____/_____
- [ ] **Leaving Office:** Date Left _____/_____/_____ *(Check one circle below.)*
  - ◯ The period covered is January 1, **2024**, through the date of leaving office.
  - **-or-**
  - ◯ The period covered is _____/_____/_____, through the date of leaving office.
- [ ] **Candidate:** Date of Election _____ and office sought, if different than Part 1:

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 8

Schedules attached

- [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*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

[redacted]

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/03/2025 01:53 PM *(month, day, year)*

Signature [redacted] *(File the originally signed paper statement with your filing official.)*

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
High Speed Rail Authority		Board Member	State	Annual	01/01/24 - 12/31/24

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

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

► NAME OF BUSINESS ENTITY
Ameriprise Financial

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Apple Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS
Insurance

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Blackstone Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Private Investment Banking

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Boston Scientific

GENERAL DESCRIPTION OF THIS BUSINESS
Medical

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

Comments: _____

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

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

► NAME OF BUSINESS ENTITY
Brinker International Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Citigroup Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Colgate-Palmolive

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Products

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Costco Wholesale

GENERAL DESCRIPTION OF THIS BUSINESS
Retail

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
Deutsche Telekom

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
General Mills

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

Comments: _____

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

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

► NAME OF BUSINESS ENTITY
JP Morgan Chase

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
SBA Communications

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY
United Parcel Services

GENERAL DESCRIPTION OF THIS BUSINESS
Shipping Center

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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
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IF APPLICABLE, LIST DATE:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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
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IF APPLICABLE, LIST DATE:
__/__/ 24 ACQUIRED __/__/ 24 DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joaquin Arambula

► NAME OF SOURCE *(Not an Acronym)*
California Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*
777 S Figueroa Street, Suite 4050, Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 31 / 24	$135.00	member jacket
08 / 31 / 24	$20.93	shirt
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 24	$27.03	policy retreat
01 / 17 / 24	$66.55	policy retreat
01 / 25 / 24	$65.00	reception

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 24	$70.74	lunch
11 / 07 / 24	$164.54	lunch
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Re-Elect Rick Chavez Zbur for Assembly 2024
ADDRESS *(Business Address Acceptable)*
1700 Tribute Road, Suite 201, Sacramento CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 27 / 24	$100.47	food and drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Environmental Voters Ed Fund
ADDRESS *(Business Address Acceptable)*
1111 Broadway, Suite 200, Oakland CA 94607
BUSINESS ACTIVITY, IF ANY, OF SOURCE
environmental

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 07 / 24	$57.05	food and drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Medical Association
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 800, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 03 / 24	$26.67	food and drink
06 / 26 / 24	$25.00	food and drink
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joaquin Arambula

► NAME OF SOURCE *(Not an Acronym)*
California Tribal Business Alliance
ADDRESS *(Business Address Acceptable)*
1530 J Street, Suite 410, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
tribes

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/11/24	$219.22	food and drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Pala Band of Missian Indians
ADDRESS *(Business Address Acceptable)*
12196 Pala Mission Road, Pala CA 92059
BUSINESS ACTIVITY, IF ANY, OF SOURCE
tribes

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/11/24	$88.50	food and drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Wilton Rancheria
ADDRESS *(Business Address Acceptable)*
9728 Kent Street, Elk Grove CA 95624
BUSINESS ACTIVITY, IF ANY, OF SOURCE
tribes

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/11/24	$59.00	food and drink
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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: Joaquin Arambula

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

- **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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*
California Latino Legislative Caucus
ADDRESS *(Business Address Acceptable)*
777 S Figueroa Street, Suite 4050
CITY AND STATE
Los Angeles, CA
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 03 / 15 / 24 - 03 / 16 / 24 *(If gift)* AMT: $ 755.91
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
policy retreat
► If Gift, Provide Travel Destination
Anaheim, CA

► NAME OF SOURCE *(Not an Acronym)*
California Latino Legislative Caucus
ADDRESS *(Business Address Acceptable)*
777 S Figueroa Street, Suite 4050
CITY AND STATE
Los Angeles, CA
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 12 / 06 / 24 - 12 / 08 / 24 *(If gift)* AMT: $ 995.94
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
policy conference
► If Gift, Provide Travel Destination
Anaheim, CA

► NAME OF SOURCE *(Not an Acronym)*
BIWOC on K
ADDRESS *(Business Address Acceptable)*
1415 L Street, Suite 800
CITY AND STATE
Sacramento, CA
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09 / 17 / 24 - 09 / 17 / 24 *(If gift)* AMT: $ 340.56
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
transportation
► If Gift, Provide Travel Destination
Japan

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): / / - / / *(If gift)* AMT: $
► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination

Comments: