CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Filed Date: 02/26/2026 11:42 AM
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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: _____ Position: _____

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

- [X] State
- [ ] Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
  -or-
  The period covered is ____/____/____, through December 31, 2025.
- [ ] **Assuming Office:** Date assumed ____/____/____
- [ ] **Leaving Office:** Date Left ____/____/____
  (Check one circle below.)
  ◯ The period covered is January 1, 2025, 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
- [ ] **Attachment 700-P -** *Prospective Employment (87200 Filers Only)* – 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 02/26/2026 11:42 AM
(month, day, year)

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

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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
__/__/ 25 ACQUIRED __/__/ 25 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:
__/__/ 25 ACQUIRED __/__/ 25 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:
__/__/ 25 ACQUIRED __/__/ 25 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:
__/__/ 25 ACQUIRED __/__/ 25 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:
__/__/ 25 ACQUIRED __/__/ 25 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:
__/__/ 25 ACQUIRED __/__/ 25 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
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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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 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:
____/____/ 25 ACQUIRED ____/____/ 25 DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joaquin Arambula

► NAME OF SOURCE *(Not an Acronym)*: Draft Kings
ADDRESS *(Business Address Acceptable)*: 222 Berkeley Street, Boston MA 02116
BUSINESS ACTIVITY, IF ANY, OF SOURCE: entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 25	$135.19	food and drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: The James Irvine Foundation
ADDRESS *(Business Address Acceptable)*: One Bush Street, Suite 800, San Francisco CA 94104
BUSINESS ACTIVITY, IF ANY, OF SOURCE: private foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 25	$80.40	food and drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: FanDuel Group
ADDRESS *(Business Address Acceptable)*: 300 Park West Avenue S, New York NY 10010
BUSINESS ACTIVITY, IF ANY, OF SOURCE: entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 25	$204.84	food and drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Armenian Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*: 9458 Treelake Road, Granite Bay CA 95746
BUSINESS ACTIVITY, IF ANY, OF SOURCE: nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 25	$69.47	food and drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Robert Rivas for Assembly 2026
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)
02 / 04 / 25	$108.69	food and drink
04 / 08 / 25	$77.58	jacket
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*: 555 E Ocean Blvd, Suite 420, Long Beach CA 90802
BUSINESS ACTIVITY, IF ANY, OF SOURCE: nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 25	$93.00	entertainment
/ /	$	
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 25	$578.00	tickets
___/___/___	$	
___/___/___	$	

► 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)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► 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)*
Legislative Progressive Caucus Center
ADDRESS *(Business Address Acceptable)*
555 Capitol Mall, Suite 400
CITY AND STATE
Sacramento CA 95814
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 03/06/25 - 03/07/25 *(If gift)* AMT: $ 618.55
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
SEE ATTACHED
► If Gift, Provide Travel Destination
Palm Springs, CA

► NAME OF SOURCE *(Not an Acronym)*
California Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*
555 E Ocean Blvd, Suite 420
CITY AND STATE
Long Beach CA 90802
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 12/04/25 - 12/07/25 *(If gift)* AMT: $ 1076.19
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
SEE ATTACHED
► If Gift, Provide Travel Destination
Anaheim, CA

► NAME OF SOURCE *(Not an Acronym)*
California Foundation on the Environment & the Economy
ADDRESS *(Business Address Acceptable)*
920 11th Street
CITY AND STATE
Sacramento, CA
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 06/19/25 - 06/20/25 *(If gift)* AMT: $ 974.70
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
SEE ATTACHED
► If Gift, Provide Travel Destination
Berkeley, CA

► 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:

SCHEDULE E

Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

NAME OF SOURCE : Legislative Progressive Caucus Center

Other - Provide Decription
lodging and meals for conference

NAME OF SOURCE : California Foundation on the Environment & the Economy

Other - Provide Decription
lodging and meals for transportation conference

NAME OF SOURCE : California Latino Legislative Caucus Foundation

Other - Provide Decription
lodging and meals for policy conference