CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Lackey	Thomas	W

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

State Assembly

Division, Board, Department, District, if applicable

District 34

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:*** 6

Schedules attached

- [ ] **Schedule A-1 -** *Investments* – schedule attached
- [ ] **Schedule A-2 -** *Investments* – schedule attached
- [X] **Schedule B -** *Real Property* – schedule attached
- [X] **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- [X] **Schedule D -** *Income – Gifts* – schedule attached
- [ ] **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 *(Business or Agency Address Recommended - Public Document)*	STREET	CITY	STATE	ZIP CODE
[redacted]				

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	[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 02/27/2026 04:16 PM *(month, day, year)*

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Thomas Lackey

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1737 Date Palm Drive

CITY
Palmdale

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/ 25 ACQUIRED __/__/ 25 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/ 25 ACQUIRED __/__/ 25 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Thomas Lackey

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Alameda Paying Agent, Inc.

ADDRESS *(Business Address Acceptable)*
PO Box 10125 Lake Buena Vista, FL, 32830

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☒ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- ☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None ☐ Personal residence
- ☐ Real Property _____ *Street address*

_____ *City*

- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Thomas Lackey

► NAME OF SOURCE *(Not an Acronym)*
Legislative Action California
ADDRESS *(Business Address Acceptable)*
1415 L St, Suite 920, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 26 / 25	$910.10	Entertainment, Food & Drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California New Car Dealers Association
ADDRESS *(Business Address Acceptable)*
1517 L St, Dacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 26 / 25	$126.95	Food & Drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Professional Firefighters
ADDRESS *(Business Address Acceptable)*
1780 Creekside oaks Drive Sacramento, CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 25	$68.78	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Cattleman's Association
ADDRESS *(Business Address Acceptable)*
3841 N. Freeway Blvd. Suite 130, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 12 / 25	$65.00	Food
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Los Angeles County Probation Officers' Union
ADDRESS *(Business Address Acceptable)*
3375 East Slauson Ave. Suite 151 Vernon, CA 90058
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 25	$38.40	Food & Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Automatic Vendor's Council (CAVC)
ADDRESS *(Business Address Acceptable)*
455 Capitol Mall #600 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 25	$10.33	Gift Bag (Snacks)
/ /	$	
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Thomas Lackey

► NAME OF SOURCE *(Not an Acronym)*: California Attractions & Parks Association
ADDRESS *(Business Address Acceptable)*: 1127 11th St. Suite 214, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 25	$30.68	Food & Beverage
/ /	$	
/ /	$	

► 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: Non-Profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 25	$116.44	Apparel
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: The River's Edge Ranch
ADDRESS *(Business Address Acceptable)*: 33433 Haynes Road, Lucerne Valley, CA 92356
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 25	$180.00	Apparel
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Los Angeles County Business Federation (BIZFED)
ADDRESS *(Business Address Acceptable)*: 1150 South Olive St., Floor 10, Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 25	$41.83	Food & Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Problem Solvers Foundation
ADDRESS *(Business Address Acceptable)*: 400 Capitol Mall, Suite 2400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 09 / 25	$40.00	Ticket
09 / 17 / 25	$100.36	Travel & Food
12 / 09 / 25	$379.24	Food & Beverage

► NAME OF SOURCE *(Not an Acronym)*: Entertainment Union Coalition (EUC)
ADDRESS *(Business Address Acceptable)*: 2210 West Olive Ave., Burbank, CA 91506
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 20 / 25	$7.23	Food
/ /	$	
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Thomas Lackey

► NAME OF SOURCE *(Not an Acronym)*
AES US Services, LLC & Affiliated Entities
ADDRESS *(Business Address Acceptable)*
555 Capitol Mall, Suite 400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 25	$92.50	Framed Photo
/ /	$	
/ /	$	

► 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: