CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CG *A PUBLIC DOCUMENT*

Date Initial Filing Received
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RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2022 MAR -1 PM 2:25

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CA 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: High Speed Rail Authority Position: Board Member

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

- ☒ 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)*

- ☒ **Annual:** The period covered is January 1, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/_____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 5

Schedules attached

- ☐ **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

MAILING ADDRESS STREET CITY STATE ZIP CODE

[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 02/28/2022 *(month, day, year)*

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

Print Clear

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ERP Operating Limited

ADDRESS *(Business Address Acceptable)*
Two North Riverside,Chicago, IL 60606

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

YOUR BUSINESS POSITION
Investor

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: _____

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► 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)
5 / 4 / 21	$ 56.93	food/drink
8 / 24 / 21	$ 60.99	food/drink
/ /	$	

► 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
tribal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 21	$ 53.00	food/drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Walt Disney Company

ADDRESS *(Business Address Acceptable)*
500 Buena Vista Street, Burbank CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE
entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 4 / 21	$ 420.00	tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
San Manuel Band of Mission Indians

ADDRESS *(Business Address Acceptable)*
26569 Community Center Drive, Highland CA 92346

BUSINESS ACTIVITY, IF ANY, OF SOURCE
tribal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 30 / 21	$ 59.51	food/drink
7 / 14 / 21	$ 11.61	food/drink
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Warner Bros Entertainment, Inc.

ADDRESS *(Business Address Acceptable)*
4000 Warner Blvd, Burbank CA 91522

BUSINESS ACTIVITY, IF ANY, OF SOURCE
entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 7 / 21	$ 57.00	ticket/food/drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
National Conference of State Legislatures

ADDRESS *(Business Address Acceptable)*
7700 E First Place, Denver CO 80230

BUSINESS ACTIVITY, IF ANY, OF SOURCE
nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 21 / 21	$ 136.35	food/drink
5 / 22 / 21	$ 41.12	food/drink
5 / 22 / 21	$ 58.15	food/drink

Comments:

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► NAME OF SOURCE *(Not an Acronym)*
National Conference of State Legislatures

ADDRESS *(Business Address Acceptable)*
7700 E First Place, Denver CO 80230

BUSINESS ACTIVITY, IF ANY, OF SOURCE
nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/22/21	$125.37	food/drink
5/22/21	$57.65	transportation
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*
Rendon for Assembly 2020

ADDRESS *(Business Address Acceptable)*
555 East Ocean Blvd, Ste. 420, Long Beach 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/28/21	$24.64	photo book
5/17/21	$23.04	spirit/bottles of beer
7/7/21	$7.09	food

► 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: _____

Print Clear

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

- **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 Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento CA
■ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11/9/21 - 11/10/21 *(If gift)* AMT: $ 359.23
► MUST CHECK ONE: ■ Gift -or- ☐ Income
◉ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
► If Gift, Provide Travel Destination Monterey, CA

► NAME OF SOURCE *(Not an Acronym)*
California Latino Legislative Caucus Foundation
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): 12/3/21 - 12/4/21 *(If gift)* AMT: $ 2,345.60
► MUST CHECK ONE: ■ Gift -or- ☐ Income
◉ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
► If Gift, Provide Travel Destination Anaheim, CA

► NAME OF SOURCE *(Not an Acronym)*
NALEO Educational Fund
ADDRESS *(Business Address Acceptable)*
1122 W. Washington Blvd., 3rd. Floor
CITY AND STATE
Los Angeles CA
■ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 10/28/21 - 10/29/21 *(If gift)* AMT: $ 660.33
► MUST CHECK ONE: ■ Gift -or- ☐ Income
◉ Made a Speech/Participated in a Panel
☐ Other - Provide Description _____
► If Gift, Provide Travel Destination Manhattan Beach, 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: _____

Print **Clear**