

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 02/27/2023 05:21 PM
SAN: FPPC

Please type or print in ink.

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

Waldron

Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Assembly

Division, Board, Department, District, if applicable

District 75

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)

☒ 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, **2022**, through
December 31, **2022**.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
December 31, **2022**.

☐ The period covered is January 1, **2022**, through the date of
leaving office.

-or-

☐ The period covered is ____/____/_____, through
the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 4

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – 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
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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 02/27/2023 05:21 PM

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Marie Waldron

1. BUSINESS ENTITY OR TRUST	
Waldron Enterprises LLC	
Name P.O. Box 300887, Escondido CA 92030	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS Retail	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/22 ____/____/22 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION Co-Owner	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
<input checked="" type="checkbox"/> None or <input type="checkbox"/> Names listed below	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/22 ____/____/22 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/22 ____/____/22 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
<input type="checkbox"/> None or <input type="checkbox"/> Names listed below	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/22 ____/____/22 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Marie Waldron</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>SoCal Show Productions LLC</u>	NAME OF SOURCE OF INCOME <u>Waldron Enterprises LLC</u>
ADDRESS (Business Address Acceptable) <u>960 Canterbury Place, Suite 110 Escondido, CA 92025</u>	ADDRESS (Business Address Acceptable) <u>P.O. Box 300887, Escondido, CA 92030</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Promotion Co</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Retail</u>
YOUR BUSINESS POSITION <u>None - Spouse's business</u>	YOUR BUSINESS POSITION <u>Co-Owner</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D

Income – Gifts

<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>Problem Solvers Caucus</div> <div>ADDRESS (Business Address Acceptable)</div> <div>150 Post St. Ste 405, Sacramento CA</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Policy</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>04 / 28 / 22</td> <td>\$ 212.35</td> <td>Golf</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	04 / 28 / 22	\$ 212.35	Golf	/ /	\$		/ /	\$		<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>California Tribal Business Alliance</div> <div>ADDRESS (Business Address Acceptable)</div> <div>1530 J St., Ste 410, Sacramento, CA 95814</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Advocacy</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>09 / 15 / 22</td> <td>\$ 491.43</td> <td>Gift Card*</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	09 / 15 / 22	\$ 491.43	Gift Card*	/ /	\$		/ /	\$	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
04 / 28 / 22	\$ 212.35	Golf																							
/ /	\$																								
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
09 / 15 / 22	\$ 491.43	Gift Card*																							
/ /	\$																								
/ /	\$																								
<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>Alliance for Safety and Justice</div> <div>ADDRESS (Business Address Acceptable)</div> <div>1624 Franklin St, 11th Flr, Oakland CA 94612</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Advocacy</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>04 / 25 / 22</td> <td>\$ 150.00</td> <td>Survivors Speak Gala</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	04 / 25 / 22	\$ 150.00	Survivors Speak Gala	/ /	\$		/ /	\$		<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>Problem Solvers Caucus</div> <div>ADDRESS (Business Address Acceptable)</div> <div>150 Post St. Suite 405 Sacramento, CA</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Policy</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>04 / 28 / 22</td> <td>\$ 3,317.58</td> <td>Lodging/Food</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	04 / 28 / 22	\$ 3,317.58	Lodging/Food	/ /	\$		/ /	\$	
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/ /	\$																								
/ /	\$																								
<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>California Special Districts Association</div> <div>ADDRESS (Business Address Acceptable)</div> <div>1112 I St. Ste 200, Sacramento CA 95814</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Advocacy</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>05 / 17 / 22</td> <td>\$ 87.00</td> <td>Lunch</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	05 / 17 / 22	\$ 87.00	Lunch	/ /	\$		/ /	\$		<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>SEMA (Specialty Equipment Market Association)</div> <div>ADDRESS (Business Address Acceptable)</div> <div>P.O. Box 4910, Diamond Bar, CA 91765</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Advocacy</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>11 / 02 / 22</td> <td>\$ 678.00</td> <td>Lodging</td> </tr> <tr> <td>11 / 02 / 22</td> <td>\$ 150.00</td> <td>Caucus Dinner</td> </tr> <tr> <td>11 / 02 / 22</td> <td>\$ 40.00</td> <td>SEMA Show Credential</td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	11 / 02 / 22	\$ 678.00	Lodging	11 / 02 / 22	\$ 150.00	Caucus Dinner	11 / 02 / 22	\$ 40.00	SEMA Show Credential
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11 / 02 / 22	\$ 40.00	SEMA Show Credential																							

Comments:

*Reimbursed the CA Tribal Business Alliance for a total of \$ 108.57 dated 1/5/2023 since card value of \$600 exceeded gift limit.