

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Date Received

Date Initial Filing Received
Official Use Only

FEB 12 2019

Registration Services Division
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST)

MA

(FIRST)

FIONA

S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

OFFICE OF STATE TREASURER

Division, Board, Department, District, if applicable

Your Position

TREASURER

► 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 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, 2018, through December 31, 2018.

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

-or-

The period covered is / / through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

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

☒ Assuming Office: Date assumed 01 / 07 / 2019

☐ 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: 10

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)

915 CAPITOL MALL ROOM 110

SACRAMENTO

CA

95814

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(916) 653-2995

fiona.ma@treasurer.ca.gov

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

(month, day, year)

Signature

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

STATE TREASURER FIONA MA, CPA

FILING OF SEI FOR 700 -

**Original must be signed and dated and filed with the-
Fair Political Practices Commission-
1102 Q Street-
Sacramento, CA 95811-**

Copies to the following:

State Treasurers Office

Achieving Better Life Experience for the Disabled

California Alternative Energy and Advanced Transportation Financing Authority

California Debt and Investment Advisory Commission

California Debt Limit Allocation Committee

California Educational Facilities Authority

California Health Facilities Financing Authority

California Industrial Development Financing Advisory Commission

California Pollution Control Financing Authority

California School Finance Authority

California Urban Waterfront Area Restoration Financing Authority

Scholar Share Investment Board

California Tax Credit Allocation Committee

CA Healthy Food Financing Initiative Council

CA Secure Choice Retirement Savings Investment Board

California Transportation Financing Authority

Local Investment Advisory Board

Pooled Money Investment Board

Chris Sneed – FPPC Filing Officer

915 Capitol Map, Sacramento, CA 95814

CalPERS

(CalPERS) Attn: Tifani Vincent, FPPC Filing Officer

400 Q Street, LPN –

Sacramento, CA 95811

CalSTRS

Attn: Amanda Connors, FPPC Filing Officer

100 Waterfront Place

West Sacramento, CA 95851-0275

STATE TREASURER FIONA MA, CPA

Page 2

CalHFA

Attn: Misty Miller, FPPC Filing Officer
500 Capitol Mall # 1400
Sacramento, CA 95814

California Earthquake Authority (CEA)

Attn: Neil Hall, FPPC Filing Officer
801 K Street, Suite 1000
Sacramento, CA 95814

California Infrastructure and Economic Development Bank (IBANK)

Attn: Nancee Trombley, FPPC Filing Officer
1325 J Street, 18th Floor
Sacramento, CA 95814

Commission on State Mandates

Attn: Jill Magee, FPPC Filing Officer
980 Ninth Street, Suite 300
Sacramento, CA 95814

**Golden State Tobacco Securitization Corporation
California Economic Recovery Financing Committee
Golden State Transportation Financing Corporation
State Public Works Board**

California Department of Finance
Attn: Jeanna Wimberly, FPPC Filing Officer
915 L Street 12th Floor
Sacramento, CA 95814

CA Competes Tax Credit Committee

Attn: Virginia Gutierrez
1325 J Street, Suite 1800
Sacramento, CA 95814
(916) 322-0659

No Place Like Home Program Advisory committee

Ben Metcalf, Director
California Department of Housing and Community Development
2020 West El Camino Avenue
Sacramento, CA 95833

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

FIONA MA

NAME OF BUSINESS ENTITY

Sandstrom Gold Ltd

GENERAL DESCRIPTION OF THIS BUSINESS

457 Retirement Account - Spouse

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:

_____/_____/18 08/15/18
 ACQUIRED 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:

_____/_____/18 ____/_____/18
 ACQUIRED 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:

_____/_____/18 ____/_____/18
 ACQUIRED 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:

_____/_____/18 ____/_____/18
 ACQUIRED 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:

_____/_____/18 ____/_____/18
 ACQUIRED 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:

_____/_____/18 ____/_____/18
 ACQUIRED DISPOSED

Comments:

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 FIONA MA

▶ 1. BUSINESS ENTITY OR TRUST

Flat Horizon, LLC

Name
1032 Irving Street, # 908, San Francisco, CA 94102

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Consulting

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ **LLC** Other _____

YOUR BUSINESS POSITION **Principal member**

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☒ Names listed below

Beachcomber Enterprises LLC

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

206 Ocean Drive, Oxnard, CA 93035

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Land/Building, Assessor Parcel 260-0-145-270

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ _____
Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ 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

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

FIONA MA

► NAME OF SOURCE (Not an Acronym)

California Cannabis Industry

ADDRESS (Business Address Acceptable)

777 S Figueroa St., 34th Fl, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 24 / 18	\$ 49.80	food/beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

California Farm Bureau Federation

ADDRESS (Business Address Acceptable)

2300 River Plaza Dr, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agricultural education/policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 6 / 18	\$ 45.52	food/beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

California Taxpayers Association

ADDRESS (Business Address Acceptable)

1215 K St #1250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tax Education/policy/representation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 20 / 18	\$ 42.37	food/beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Rendon for Assembly

ADDRESS (Business Address Acceptable)

3605 Long Beach Blvd, #426 Long Beach, CA 90807

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Candidate/elected official

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 23 / 18	\$ 63.04	food/beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

California Labor Federation

ADDRESS (Business Address Acceptable)

600 Grand Ave, #410 Oakland, CA 94610

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education/policy/representation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 19 / 18	\$ 94.15	food/beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Bay Area Council

ADDRESS (Business Address Acceptable)

353 Sacramento St, 10th FL, San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business/public policy/education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 18	\$ 120.00	food/beverage
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

FIONA MA

► NAME OF SOURCE (Not an Acronym)

Ilan Kenica/Israeli American Council

ADDRESS (Business Address Acceptable)

5757 Wilshire Blvd, Los Angeles, CA 90036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education/policy non profit serving Israeli Americans

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 18 / 18	\$ 150.00	food/beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Mixed Roots Foundation

ADDRESS (Business Address Acceptable)

445 S Figueroa St., # 3100, Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Foster care/adoption outreach/education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 22 / 18	\$ 75.00	food/beverage/ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Capitol Network

ADDRESS (Business Address Acceptable)

8950 CalCenter Drive #341, Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education/outreach/research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 29 / 18	\$ 300.00	food/beverage/ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Equality California

ADDRESS (Business Address Acceptable)

3701 Wilshire Blvd # 725, Los Angeles, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education/outreach

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 12 / 18	\$ 330.00	Gala Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Richmond/Ermet Aids Foundation

ADDRESS (Business Address Acceptable)

942 Divisadero St., # 20, San Francisco, CA 94115

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Aids education/outreach

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 19 / 18	\$ 75.00	food/beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

United Domestic Workers of America

ADDRESS (Business Address Acceptable)

900 J St., 3rd Fl, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education/outreach/representation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 14 / 18	\$ 48.13	food/beverage
/ /	\$	
/ /	\$	

Comments:

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

FIONA MA

- 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)

San Francisco Association of Realtors

ADDRESS (Business Address Acceptable)

301 Grove St

CITY AND STATE

San Francisco, CA 94102

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Realtor's organization

DATE(S): 1 / 6 / 18 - 1 / 6 / 18 AMT: \$ 100.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

San Francisco

▶ NAME OF SOURCE (Not an Acronym)

Asian Real Estate Association of East Bay

ADDRESS (Business Address Acceptable)

3990 Old Town Ave - C304

CITY AND STATE

San Diego, CA 92110

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education for realtors

DATE(S): 1 / 12 / 18 - 1 / 12 / 18 AMT: \$ 75.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Oakland

▶ NAME OF SOURCE (Not an Acronym)

California Society of Certified Public Accountants

ADDRESS (Business Address Acceptable)

1201 K St., # 1000

CITY AND STATE

Sacramento, CA 95814

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education/policy

DATE(S): 1 / 17 / 18 - 1 / 17 / 18 AMT: \$ 42.09
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Sacramento

▶ NAME OF SOURCE (Not an Acronym)

San Francisco Bay Area Planning & Urban Research

ADDRESS (Business Address Acceptable)

654 Mission St

CITY AND STATE

San Francisco, CA 94105

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education/urban research

DATE(S): 10 / 30 / 18 - 10 / 30 / 18 AMT: \$ 65.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

San Francisco

Comments: _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

FIONA MA

- 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)
Barclay Investment Bank

ADDRESS (Business Address Acceptable)
155 Linfield Ave

CITY AND STATE
Menlo Park, CA 94025

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking/finance

DATE(S): 7 / 12 / 18 - 7 / 12 / 18 AMT: \$ 49.43
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination
Menlo Park

▶ NAME OF SOURCE (Not an Acronym)
International Brotherhood of Electrical Workers

ADDRESS (Business Address Acceptable)
4189 W 2nd St

CITY AND STATE
Los Angeles, CA 90004

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor organization

DATE(S): 9 / 14 / 18 - 9 / 14 / 18 AMT: \$ 75.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination
Los Angeles

▶ NAME OF SOURCE (Not an Acronym)
California Foundation on the Environment & Economy

ADDRESS (Business Address Acceptable)
Pier 35 # 202

CITY AND STATE
San Francisco, CA 94133

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education/research

DATE(S): 12 / 6 / 18 - 12 / 7 / 18 AMT: \$ 636.85
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination
San Diego

▶ NAME OF SOURCE (Not an Acronym)
Instituto Laboral De La Raza

ADDRESS (Business Address Acceptable)
2947 16th St

CITY AND STATE
San Francisco, CA 94103

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Diversity education

DATE(S): 3 / 24 / 18 - 3 / 24 / 18 AMT: \$ 200.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination
San Francisco

Comments: _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

FIONA MA

- 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)

Coachella Valley Cannabis Alliance

ADDRESS (Business Address Acceptable)

14080 Palm Dr

CITY AND STATE

Desert Hot Springs, CA 92240

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cannabis education/regulations

DATE(S): 4 / 16 / 18 - 4 / 16 / 18 AMT: \$ 160.00
(If gift)

► MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

► If Gift, Provide Travel Destination _____

Desert Hot Springs

► 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): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

► MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

► If Gift, Provide Travel Destination _____

Desert Hot Springs

Comments: _____

► 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): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

► If Gift, Provide Travel Destination _____

► 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): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

► If Gift, Provide Travel Destination _____