

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/02/2020 04:26 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ma Fiona S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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: **SEE ATTACHED LIST** 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, 2019, through December 31, 2019.
- or-** The period covered is ____/____/____, through December 31, 2019.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
- ☐ The period covered is January 1, 2019, 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: 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 Ste 538 Sacramento CA 95814-4801

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(**916**) **653-3038**

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 **03/02/2020 04:26 PM** Signature **Electronic Submission**
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Fiona Ma	

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Earthquake Authority		Governing Board	State California	Annual	01/07/19 - 12/31/19
Public Employees Retirement System		Elected Board Member	State California	Annual	01/07/19 - 12/31/19
Infrastructure and Economic Development Bank		Board Member	State California	Annual	01/07/19 - 12/31/19
Teachers' Retirement System		Board Member	State California	Annual	01/07/19 - 12/31/19

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.

Name

Fiona Ma

► NAME OF BUSINESS ENTITY
Alphabet, Inc.

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:
04 / 30 / 19 / / 19
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:
_____ / _____ / 19 _____ / _____ / 19
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:
_____ / _____ / 19 _____ / _____ / 19
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:
_____ / _____ / 19 _____ / _____ / 19
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:
_____ / _____ / 19 _____ / _____ / 19
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:
_____ / _____ / 19 _____ / _____ / 19
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 <u>Fiona Ma</u>

▶ 1. BUSINESS ENTITY OR TRUST

Flat Horizon, LLC

Name

1032 Irving Street, #908, San Francisco, CA 94122

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:

____/____/19 ____/____/19
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ LLC Other _____

YOUR BUSINESS POSITION _____

▶ 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:

____/____/19 ____/____/19
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

Beachcocomber 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/Bldg, 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:

____/____/19 ____/____/19
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

▶ 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:

____/____/19 ____/____/19
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: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Fiona Ma

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

037-275-219-000

CITY

Clearlake

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/19 ACQUIRED ____/____/19 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:

____/____/19 ACQUIRED ____/____/19 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 D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Fiona Ma

► NAME OF SOURCE (Not an Acronym)
Edison Intl & Affiliates Including Southern CA Edison
 ADDRESS (Business Address Acceptable)
2244 Walnut Grove Avenue, Rosemead, CA 91770
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 19</u>	\$ <u>69.13</u>	<u>Food/Beverages</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
California Labor Federation
 ADDRESS (Business Address Acceptable)
600 Grand Avenue, #410, Oakland, CA 94610
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Organization with more than 1,200 unions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 07 / 19</u>	\$ <u>57.06</u>	<u>Food/Beverages</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
CA Foundation on the Environment & the Economy
 ADDRESS (Business Address Acceptable)
Pier 35, Suite 202, San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Independent Think Tank/Convenor of Policy Forums

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 07 / 19</u>	\$ <u>100.24</u>	<u>Food/Beverages</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
Planned Parenthood Action Fund-Pacific Southwest
 ADDRESS (Business Address Acceptable)
1075 Camino del Rio South, San Diego, CA 92108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advance healthcare access/defend productive rights

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 11 / 19</u>	\$ <u>100.00</u>	<u>Event ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
Jeannie Kim
 ADDRESS (Business Address Acceptable)
1220 Market Street, San Francisco, CA 94102
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospitality

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 28 / 19</u>	\$ <u>400.00</u>	<u>Event tickets</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
Los Angeles County Business Federation
 ADDRESS (Business Address Acceptable)
6055 East Washington Blvd, Commerce, CA 90040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Federation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 22 / 19</u>	\$ <u>125.00</u>	<u>Event ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Fiona Ma

NAME OF SOURCE (Not an Acronym)

Loma Linda University Medical Center

ADDRESS (Business Address Acceptable)

11157 Anderson Street, Loma Linda, CA 92354

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 26 / 19	\$ 30.00	Construction Hat
07 / 26 / 19	\$ 50.00	Work Boots
/ /	\$	

NAME OF SOURCE (Not an Acronym)

Viejas Band of Kumeyaay Indians

ADDRESS (Business Address Acceptable)

5000 Willow Road, Alpine, CA 91901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Native American Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 01 / 19	\$ 210.32	Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ImPAC California

ADDRESS (Business Address Acceptable)

1787 Tribute Road, Ste. K, Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 08 / 19	\$ 150.00	Event Ticket
12 / 08 / 19	\$ 100.00	Dinner
/ /	\$	

NAME OF SOURCE (Not an Acronym)

Jonathan Club Breakfast Club

ADDRESS (Business Address Acceptable)

545 South Figueroa Street, Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Breakfast Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 09 / 19	\$ 61.33	Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

AIF Global

ADDRESS (Business Address Acceptable)

7 Winged Foot Drive, Larchmont, NY 10538

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Independent Economic Think Tank

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 19	\$ 85.00	Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

HNTB

ADDRESS (Business Address Acceptable)

601 West 5th Street, #1000, Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Infrastructure Design Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 24 / 19	\$ 150.00	Event Ticket
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

Name

Fiona Ma

► NAME OF SOURCE (Not an Acronym)

OCAPICA

ADDRESS (Business Address Acceptable)

12912 Brookhurst St, #410, Garden Grove, CA 92840

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit enhancing well being of APIs in OC

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

09 / 10 / 19 \$ 120.00 Event Ticket

/ / \$

/ / \$

► NAME OF SOURCE (Not an Acronym)

Sacramento Central Labor Council AFL-CIO

ADDRESS (Business Address Acceptable)

2840 El Centro Road, #111, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Council of 90 Unions

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10 / 25 / 19 \$ 55.00 Dinner

/ / \$

/ / \$

► NAME OF SOURCE (Not an Acronym)

SAM, Inc.

ADDRESS (Business Address Acceptable)

1220 Market Street, San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hospitality

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

11 / 09 / 19 \$ 100.00 Event Ticket

/ / \$

/ / \$

► NAME OF SOURCE (Not an Acronym)

Meishan CA Smart Town Investment Dev Co., Ltd.

ADDRESS (Business Address Acceptable)

5 Third Street, Suite 1018, San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Foster innovation, invention, sustainability in Sichuan

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

12 / 16 / 19 \$ 163.47 Meal

/ / \$

/ / \$

► 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: _____

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

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)

CA State University Channel Islands

ADDRESS (Business Address Acceptable)

One University Drive

CITY AND STATE

Camarillo, CA 93012

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

DATE(S): 07 / 09 / 19 - 07 / 09 / 19 AMT: \$ 352.68
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Santa Rosa Island Educational Trip

► If Gift, Provide Travel Destination
Santa Rosa Island

► NAME OF SOURCE (Not an Acronym)

Governmental Accounting Standards Advisory Board

ADDRESS (Business Address Acceptable)

401 Merrill 7, PO Box 5116

CITY AND STATE

Norwalk, CT 06856-5116

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advisor to the GASB Board

DATE(S): 10 / 14 / 19 - 10 / 15 / 19 AMT: \$ 114.98
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Meals and Beverages

► If Gift, Provide Travel Destination
Norwalk, CT

► NAME OF SOURCE (Not an Acronym)

CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202

CITY AND STATE

San Francisco, CA 94133

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Independent Think Tank/Convenor of Policy Forums

DATE(S): 07 / 28 / 19 - 08 / 02 / 19 AMT: \$ 4287.41
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Airfare, lodging, meals re: CA's Recycling Challenge

► If Gift, Provide Travel Destination
Canada and Washington State

► NAME OF SOURCE (Not an Acronym)

CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202

CITY AND STATE

San Francisco, CA 94102

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Independent Think Tank/Convenor of Policy Forums

DATE(S): 11 / 21 / 19 - 11 / 22 / 19 AMT: \$ 108.22
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Meals and Beverages

► If Gift, Provide Travel Destination
San Diego, CA

Comments: _____

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

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)

The Hunt Institute

ADDRESS (Business Address Acceptable)

1000 Park Forty Plaza #280

CITY AND STATE

Durham, NC 27713

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

Think Tank Focused on Public Education

DATE(S): 12 / 10 / 19 - 12 / 13 / 19 AMT: \$ 2613.16
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Lodging, Transportation, Meals

► If Gift, Provide Travel Destination

Washington, DC: Hunt-Kean Leadership Fellow

► 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

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Comments: _____