CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

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GOVERNOR'S OFFICE
CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Decker	Melissa	Sue	(202) 624-5270
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
444 N. Capitol Street NW Suite 134	Washington	DC 20001	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of Governor Schwarzenegger

Division, Board, District (if applicable)

Your Position:

Deputy Director

► If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual The period covered is January 1, 2008, through December 31, 2008

-OR-

○ The period covered is ___/___/___, through December 31, 2008.

☐ Leaving Office Date Left: ___/___/___
(Check one)

○ The period covered is January 1, 2008, through the date of leaving office.

-OR-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03-16-09

Signatu[redacted]

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Melissa S. Decker

- **Reminder – you must mark the gift or income box.**
- **You are not required to report "income" from government agencies.**

▶ NAME OF SOURCE
California State Protocol Foundation
ADDRESS
1215 K Street, Suite 1400
CITY AND STATE
Sacramento, California
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Organization
DATE(S): 08 / 12 / 08 - 08 / 16 / 08 (if applicable) AMT: $ 513.52
TYPE OF PAYMENT: (must check one) [X] Gift [ ] Income
DESCRIPTION: Travel for Border Governors Conference

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ (if applicable) AMT: $
TYPE OF PAYMENT: (must check one) [ ] Gift [ ] Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S) __/__/__ - __/__/__ (if applicable) AMT: $
TYPE OF PAYMENT: (must check one) [ ] Gift [ ] Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ (if applicable) AMT: $
TYPE OF PAYMENT: (must check one) [ ] Gift [ ] Income
DESCRIPTION:

Comments:

TOTAL P.03