CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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GOVERNOR'S OFFICE
LEGAL AFFAIRS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Quintana	Brenda	A	[redacted]
MAILING ADDRESS (May use business address) STREET	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
Office of the Governor, State Capitol	Sacramento	CA	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of the Governor

Division, Board, District, if applicable:

Your Position:

Special Advisor

➡ 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, 2007, through December 31, 2007.

-or-

○ The period covered is ____/____/____, through December 31, 2007.

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

○ The period covered is January 1, 2007, through the date of leaving office.

-or-

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

☐ Candidate

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 – 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 April 1, 2008

Signature [redacted]

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

> NAME OF SOURCE
American Institute of Architects
ADDRESS
1303 J Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 07	$ 140.00	Installation Dinner
/ /	$	
/ /	$	

> NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
The American Institute of Architects
ADDRESS
1303 J Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/15/07	$140.00*	Installation Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Verification

Print Name Brenda Quintana

Office, Agency or Court Governors Office

Statement Type ☐ 2008/2009 Annual ☐ Assuming ☐ Leaving
☐ 07 (yr) Annual ☐ Candidate

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 S [redacted]

Signat [redacted]

Comments: Reimbursed the Association on 3/10/09