

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Filed Date: 02/24/2021 02:44 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gonzalez Lorena S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Assembly

Division, Board, Department, District, if applicable

District 80

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, **2020**, through
December 31, **2020**.

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

-or-

The period covered is ____/____/_____, through
December 31, **2020**.

☐ The period covered is January 1, **2020**, 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 (must complete) ► Total number of pages including this cover page: 5

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 02/24/2021 02:44 PM
(month, day, year)

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

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

Lorena Gonzalez

▶ NAME OF BUSINESS ENTITY

Apple Inc

GENERAL DESCRIPTION OF THIS BUSINESS

Technology Company

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 / 06 / 20 06 / 03 / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Chemed Corporation

GENERAL DESCRIPTION OF THIS BUSINESS

Home Health Care Services Company

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:

03 / 19 / 20 08 / 27 / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

CVS Health

GENERAL DESCRIPTION OF THIS BUSINESS

Healthcare Company

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:

03 / 19 / 20 06 / 03 / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Ball Corporation

GENERAL DESCRIPTION OF THIS BUSINESS

Aerospace Company

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 / 06 / 20 06 / 03 / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS

Networking Hardware Company

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 / 06 / 20 06 / 03 / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Hormel Foods

GENERAL DESCRIPTION OF THIS BUSINESS

Food Company

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 / 06 / 20 06 / 03 / 20
ACQUIRED DISPOSED

Comments:

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

Lorena Gonzalez

► NAME OF BUSINESS ENTITY

LHC Group, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Home Health Care Services Company

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)
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IF APPLICABLE, LIST DATE:

03 / 19 / 20 _____ / _____ / 20
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
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IF APPLICABLE, LIST DATE:

_____/_____/20 _____/_____/20
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
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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:

_____/_____/20 _____/_____/20
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Zoom Video Communications

GENERAL DESCRIPTION OF THIS BUSINESS

Software Company

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
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IF APPLICABLE, LIST DATE:

04 / 06 / 20 06 / 03 / 20
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

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- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/20 _____/_____/20
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:

_____/_____/20 _____/_____/20
ACQUIRED DISPOSED

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Lorena Gonzalez

► NAME OF SOURCE (Not an Acronym)
 California Democratic Party

ADDRESS (Business Address Acceptable)
 1830 9th St, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 20	\$ 52.33	Lunch
02 / 11 / 20	\$ 50.89	Lunch
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
 David Pruitt Consulting

ADDRESS (Business Address Acceptable)
 1029 J St, #380, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public Relations Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 21 / 20	\$ 200	Champagne & Chocolate Gift Box
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
 Recording Industry Association of America

ADDRESS (Business Address Acceptable)
 1000 F St, NW, Floor 2, Washington, DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Music Industry Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 20	\$ 416.90	Commemorative Plaque
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
 Screen Actors Guild - American Federation of Television & Radio Artists

ADDRESS (Business Address Acceptable)
 350 Sansome St, Suite 840, San Francisco, CA 94101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 20	\$ 500	2 Tickets to SAG Awards
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
 Women in California Leadership

ADDRESS (Business Address Acceptable)
 777 S Figueroa St, 34th Floor, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit, Charitable Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 20	\$ 122.08	Leather Portfolio
10 / 13 / 20	\$ 26.94	Bracelet
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
 Graphic Business Solutions

ADDRESS (Business Address Acceptable)
 1912 John Towers Ave, El Cajon, CA 92020

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Office Supply Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 06 / 20	\$ 50	Posters & Plexiglas Face Shields for Spouse - Elected Official
/ /	\$	
/ /	\$	

Comments: Paid back \$314 of original value of 2 SAG Award tickets (\$814)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Lorena Gonzalez</u>

- 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)
California Latino Legislative Caucus Foundation

ADDRESS (Business Address Acceptable)
777 S Figueroa St, Suite 4050

CITY AND STATE
Los Angeles, CA 90017

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

DATE(S): 03 / 06 / 20 - 03 / 07 / 20 AMT: \$ 1,303
(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)
San Diego International Airport

ADDRESS (Business Address Acceptable)
3225 N Harbor Dr

CITY AND STATE
San Diego, CA 92101

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

DATE(S): 01 / 01 / 20 - 12 / 31 / 20 AMT: \$ 2,368
(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination Airport Parking for Travel for Legislative Business

▶ NAME OF SOURCE (Not an Acronym)
San Diego International Airport

ADDRESS (Business Address Acceptable)
3225 N Harbor Drive

CITY AND STATE
San Diego, CA 92101

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

DATE(S): 01 / 01 / 20 - 12 / 31 / 20 AMT: \$ 70
(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination Airport Parking for Spouse as an Elected Official

▶ NAME OF SOURCE (Not an Acronym)
San Diego Building & Construction Trades Council

ADDRESS (Business Address Acceptable)
3737 Camino del Rio So. #202

CITY AND STATE
San Diego, CA 92108

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

DATE(S): 09 / 12 / 20 - 09 / 13 / 20 AMT: \$ 500
(If gift)

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

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____