

COVER PAGE

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FEB 19 2008

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HARMAN	Tom		(916) 651-4035
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
17931 PORTSIDE CIRCLE HUNTINGTON BEACH CA 92649			

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
STATE SENATE

Division, Board, District, if applicable:  
35<sup>TH</sup> DISTRICT

Your Position:  
SENATOR

➔ 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: 6

➔ 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 Feb 19, 2008  
(month, day, year)

Signature Tom Harman  
(File the originally signed statement with your filing official.)

**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  
Tom HARMAN

**> 1. BUSINESS ENTITY OR TRUST**

Name DIANNE HARMAN  
 Address 17931 PORTSIDE CIR HUNTINGTON BEACH, CA 92649  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
CONSULTANT

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/07      4/30/07  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/07      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other  
 YOUR BUSINESS POSITION WIFE'S BUSINESS

**> 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)**

\_\_\_\_\_  
 \_\_\_\_\_

**> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT       REAL PROPERTY

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

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

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/07      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
 Yrs. remaining

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

Comments: \_\_\_\_\_

**> 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/07      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     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)**

\_\_\_\_\_  
 \_\_\_\_\_

**> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT       REAL PROPERTY

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

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

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/07      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
 Yrs. remaining

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

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name

Tom Harman

STREET ADDRESS OR PRECISE LOCATION  
15 JORGIE COURT

CITY  
SACRAMENTO, CA

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED      /      / 07      DISPOSED      /      / 07

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.  
 \_\_\_\_\_  
 \_\_\_\_\_

STREET ADDRESS OR PRECISE LOCATION  
9 JORGIE COURT

CITY  
SACRAMENTO, CA

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED      /      / 07      DISPOSED      /      / 07

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.  
 \_\_\_\_\_  
 \_\_\_\_\_

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 ACTIVITY OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_

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 ACTIVITY OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_

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  
Tom. HARMAN

> NAME OF SOURCE  
CITY of LAGUNA BEACH

ADDRESS  
505 FOREST AVE, LAGUNA BEACH, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
MUNICIPAL GOVERNMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 4, 07</u>	<u>\$ 360.00</u>	<u>4 TICKETS PAGEANT of the ARTS</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
Calif Building Ind. Assoc

ADDRESS  
1215 K STREET SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
TRADE Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 18, 07</u>	<u>\$ 67.<sup>34</sup></u>	<u>LEGISLATIVE DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
Civil Justice Assoc. of Calif

ADDRESS  
1201 K STREET, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lobbying

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 3, 07</u>	<u>\$ 66.<sup>91</sup></u>	<u>Lunch at SCOTT'S SEAFOOD, COSTA MESA</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
John Wayne Airport

ADDRESS  
3160 AIRWAY AVE, COSTA MESA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 31, 07</u>	<u>\$ 360.<sup>00</sup></u>	<u>PARKING PASS</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
Inland Energy, Inc

ADDRESS  
3501 Jamboree Newport Bch, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ENERGY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 13, 07</u>	<u>\$ 165.<sup>00</sup></u>	<u>WILLIE NELSON CONCERT</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
THE BOEING COMPANY

ADDRESS  
2201 SEAL BEACH BLVD, SEAL BEACH, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
AEROSPACE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 7, 07</u>	<u>\$ 89.18</u>	<u>DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_

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

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

**SCHEDULE D**  
**Income - Gifts**

Name  
Tom Harman

> NAME OF SOURCE  
CITY of HUNTINGTON BEACH

ADDRESS  
2000 MAIN STREET, HUN. BEACH, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
MUNICIPAL GOV'T

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 10, 07</u>	<u>\$ 175.00</u>	<u>PARKING PASS</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
Pacific Policy Research Foundation

ADDRESS  
101 Parkshore Dr Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Policy Research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 6, 07</u>	<u>\$ 231.00</u>	<u>GOLF GREEN FEES</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE  
PACIFIC GAS & ELECTRIC

ADDRESS  
1415 "L" STREET #280 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 5, 07</u>	<u>\$ 146.03</u>	<u>DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> 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: \_\_\_\_\_