

COVER PAGE

2009 MAR -2 P. 5:21

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A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Walters	Mimi	K	(916) 651-4033		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
State Capitol, Room 3082		Sacramento	CA	95814	916-445-9754

1. Office, Agency, or Court

Name of Office, Agency, or Court:
State Senate

Division, Board, District, if applicable:
33rd 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, 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: 12

▶ 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 3/2/09

(month, day, year)

Signature Mimi Walters

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

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <u>Mimi Walters</u></p>

▶ NAME OF BUSINESS ENTITY
Northwest Venture Association

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CRI Bridge Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Madrona Partners

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Digital Map

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Services

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CRI Partners

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GVI

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VC Fund

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)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

Comments: _____

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <u>Mimi Walters</u></p>

▶ NAME OF BUSINESS ENTITY
Satelite

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer Hosting

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)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
American Affinity Partners

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Human Resources

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)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Nomadix

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Data Storage

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)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Reclamation Consulting & Resources Inc(RCAI)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Coatings

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)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Trade Bonds

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Broker Dealer

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)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Flexscan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Healthcare

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)

IF APPLICABLE, LIST DATE:
 _____/_____/08 _____/_____/08
 ACQUIRED DISPOSED

Comments: _____

Monarch Staffing Inc. (previously MT Ultimate Healthcare)
(includes Drug Consultants International which is a holding company for Drug Consultants, Inc (previously Itech Express).

List the name of each reportable single source of income of \$10,000 or more:

Avenal State Prison
CA Institute for Men
CA Institute for Women
California Rehab/Norco
Calipatra State Prison
CCC Susanville
CCI Tehachapi
Cen CA Women's Facility/Chowchilla
Centinela State Prison
Chuckawalla State Prison
CMF Vacaville
Coalinga
Correctional Training Facility/Soledad
CSP Solano
Deuel Vocational Institution
High Desert State Prison
Ironwood
Lancaster
Mule Creek State Prison
North Kern
Northern California Youth Center
Old Folsom State Prison
Pleasant Valley State Prison
R.J. Donovan Correctional Facility
Salinas Valley Prison
San Quentin State Prison
NIR Group

SCHEDULE D
Income – Gifts

Name

Mimi Walters

▶ NAME OF SOURCE
Walt Disney Company
 ADDRESS
500 So Buena Vista St, Burbank, CA 91521
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 02 / 08</u>	<u>\$ 376.</u>	<u>tickets, 2 adult, 1 child</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Wine Institute
 ADDRESS
425 Market St, Ste 100, San Francisco, CA 94105
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 10 / 08</u>	<u>\$ 99.48</u>	<u>Food and Wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Pacific Gas and Electric Company
 ADDRESS
77 Beale St, B30A, San Francisco, CA 94120
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gas & Electricity

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 08</u>	<u>\$ 72.65</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Orange County Automobile Dealers Association
 ADDRESS
125 Baker St East, Ste 262, Costa Mesa, CA 92626
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Automobile Dealers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 25 / 08</u>	<u>\$ 69.99</u>	<u>Food and drink</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Family Winemakers of California
 ADDRESS
520 Capitol Mall, Suite 260, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winemakers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 08</u>	<u>\$ 55.26</u>	<u>Food & wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Orange County Transportation Authority
 ADDRESS
550 So Main St, Orange, CA 92863
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 26 / 08</u>	<u>\$ 71.12</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Mimi Walters

▶ NAME OF SOURCE
California Building Association
 ADDRESS
1215 K St., Ste 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 16 / 08</u>	\$ <u>61.15</u>	<u>Food & drink</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Pillsbury Winthrop Shaw Pittman LLP for AT&T Inc.
 ADDRESS
400 Capitol Mall, Ste 1700, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 13 / 08</u>	\$ <u>100.</u>	<u>Ticket US Open &Pkg</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
California Cable & Telecommunications Association
 ADDRESS
360-22nd St., Ste 750, Oakland, CA 94612
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 08</u>	\$ <u>52.98</u>	<u>Food & drink</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Altria Client Services
 ADDRESS
1415 L St, Ste 1150, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 10 / 08</u>	\$ <u>131.93</u>	<u>Food & drink</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Union Pacific Railroad
 ADDRESS
10031 Foothills Blvd, Roseville, CA 95747
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Railroad

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 21 / 08</u>	\$ <u>57.</u>	<u>Food & drink</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Karen Bass
 ADDRESS
State Capitol Room 219, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 06 / 08</u>	\$ <u>56.47</u>	<u>Pen Set</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Pacific Life Insurance Company
 ADDRESS
700 Newport Center Dr., Newport Beach, CA 92660
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 30 / 08</u>	<u>\$ 380.</u>	<u>Pac Life Holiday Bowl</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____