



MAR 2 2009

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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:
35TH 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: 5

► 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 Feb 28, 2009
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Tom HARMAN

STREET ADDRESS OR PRECISE LOCATION
15 SORGE 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 / 08 / DISPOSED / 08 /

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 JORGI 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 / 08 / DISPOSED / 08 /

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 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 TERM (Months/Years)
 _____% None _____

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 TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE
CALIFORNIA PROFESSIONAL FIREFIGHTERS
 ADDRESS
1780 CREEKSIDE OAKS SACRAMENTO
 BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 95833
UNION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 8, 08</u>	<u>\$ 101.¹⁷</u>	<u>DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
THE WALT DISNEY COMPANY
 ADDRESS
500 So. Buena Vista, Burbank, CA 91521
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENTERTAINMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 19, 08</u>	<u>\$ 376.⁰⁰</u>	<u>Disneyland Tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Pacific Life Insur Co
 ADDRESS
700 Newport Center Dr Newport Beach
 BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 92660
INSURANCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 23, 08</u>	<u>\$ 271.⁷⁴</u>	<u>Dinner + show</u> <u>Or. Co. Performing Arts Center</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
NECTAR ACCESSORIES INC
 ADDRESS
1785 E. Sahara Ave Las Vegas
 BUSINESS ACTIVITY, IF ANY, OF SOURCE NV 89104
ELECTRONICS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 30, 08</u>	<u>\$ 144.⁹⁸</u>	<u>Blue tooth telephone</u> <u>headset + clip</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
CHEVRON CORPORATION
 ADDRESS
6001 Bollinger Blvd San Ramon
 BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 94583
Oil

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 14, 08</u>	<u>\$ 63.⁴⁹</u>	<u>RECEPTION</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
CELSOC
 ADDRESS
1303 J STREET SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRADE ASSOC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 12, 08</u>	<u>\$ 51.⁷³</u>	<u>LEGISLATIVE RECEPTION</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name Tom Harman

▶ NAME OF SOURCE
OCADA
 ADDRESS
125 BAKER COSTA MESA, CA 92626
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRADE ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/25/08</u>	<u>\$ 69.⁹⁹</u>	<u>Food + drink AT RECEPTION</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
CBS Outdoor
 ADDRESS
100 Embarcadero SAN FRANCISCO CA 94105
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ADVERTISING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/10/08</u>	<u>\$ 180⁰⁰</u>	<u>Tickets to Angels baseball game</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
CITY of HUNTINGTON BEACH
 ADDRESS
2000 MAIN STREET HUNTINGTON BEACH CA 92648
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
MUNICIPAL GOV'T

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/15/08</u>	<u>\$ 175.⁰⁰</u>	<u>Parking Pass</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
John Wayne Airport
 ADDRESS
3160 AIRWAY AVENUE COSTA MESA, CA 92626
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
AIRPORT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/31/08</u>	<u>\$ 390⁰⁰</u>	<u>Parking Pass</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____