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PERSONNEL SERVICES

| | | | | |
|--|---------|-----------------------|----------|------------------------------|
| NAME (LAST) | (FIRST) | HOME TELEPHONE NUMBER | | |
| O'Connell | Jack | (916) 319-0800 | | |
| MAILING ADDRESS (May be business address) | STREET | CITY | ZIP CODE | OPTIONAL: FAX/E-MAIL ADDRESS |
| 1430 N Street, Suite 5602 | | Sacramento | 95814 | |

1. Office, Agency or Court

Name of Office, Agency or Court:
Superintendent of Public Instruction
 Division, Board, District, if applicable:

Your Position:

► 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: 4

► 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 2-25-09
 (month, day, year)

Signature Jack O'Connell
 (File the originally signed statement with your filing official.)

Schedule B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jack O'Connell

STREET ADDRESS OR PRECISE LOCATION

APN 682-162-03
CITY
Dana Point, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000
 \$10,001 - \$100,000 / / ACQUIRED / / DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST:

Ownership/Deed of Trust Easement
 Leasehold Other
 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% of 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

4414 D Catlin Circle
CITY
Carpinteria, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000
 \$10,001 - \$100,000 / / ACQUIRED / / DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST:

Ownership/Deed of Trust Easement
 Leasehold Other
 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% of greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Murphyking Real Estate

5441 Carpinteria Avenue

Carpinteria, CA 93103

* 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

Comments: _____

Schedule B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jack O'Connell

► STREET ADDRESS OR PRECISE LOCATION
3162 Swallows Nest Drive
CITY
Sacramento, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____
/ / / /

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% of 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

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____
/ / / /

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

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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 |
| <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name <u>Jack O'Connell</u> |

➤ NAME OF SOURCE

Consumer Attorneys of California

ADDRESS

770 L St., #1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|---------------------------------|
| <u>5/ 6/08</u> | <u>\$ 33.93</u> | <u>Lunch</u> |
| <u>11/ 8/08</u> | <u>\$ 175.29</u> | <u>Hotel room at convention</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: _____