

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

JAN 31 REG'D

EXECUTIVE DIRECTOR'S OFFICE

Please type or print in ink

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
LYNCH	LORETTA	M	(415) 703-2444
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
505 VAN NESS AVENUE	SAN FRANCISCO	CA	94102

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CALIFORNIA PUBLIC UTILITIES COMMISSION

Division, Board, District, if applicable:
EXECUTIVE DIVISION

Your Position:
COMMISSIONER

➔ 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, 2004, through December 31, 2004.

-OR-

The period covered is ____/____/____, through December 31, 2004.

Leaving Office Date Left: 12 / 31 / 04
(Check one)

The period covered is January 1, 2004, through the date of leaving office.

-OR-

The period covered is ____/____/____, through the date of leaving office.

Candidate

4. Schedule Summary
(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

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 (Eliminated – report loans on Schedule C)

Schedule E Yes – schedule attached
Income – Gifts

Schedule F Yes – schedule attached
Income – Travel Payments

-OR-

➔ No reportable interests on any schedule

Total number of pages completed including this cover page: 5

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 1/30/05
(month, day, year)

Signature Patricia M. Lynch
(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.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
LORETTA M. LYNCH

NAME OF BUSINESS ENTITY
Kelco & Van Nest 401K Plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement funds

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 mutual funds investment
(Describe)

IF APPLICABLE, LIST DATE: N/A

 / /04 / /04
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

 / /04 / /04
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Citibank IRA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement funds

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 cash
(Describe)

IF APPLICABLE, LIST DATE: NA

 / /04 / /04
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

 / /04 / /04
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

 / /04 / /04
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

 / /04 / /04
ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
LORETTA M. LYNCH

> STREET ADDRESS OR PRECISE LOCATION
1351 Heydt St
 CITY
St. Louis, Missouri

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

IF APPLICABLE, LIST DATE: NA
 _____/_____/04 _____/_____/04
 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% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER*
Citibank Mortgage Inc.
 ADDRESS
1 Sansome St. San Francisco CA
 BUSINESS ACTIVITY OF LENDER
Financial Institution

INTEREST RATE TERM (Months/Years)
5.25 % None _____

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

> STREET ADDRESS OR PRECISE LOCATION

 CITY

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

IF APPLICABLE, LIST DATE:
 _____/_____/04 _____/_____/04
 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% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

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: _____

* 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 are not reportable.

SCHEDULE E
Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

LORETTA M. LYNCH

> NAME OF SOURCE
Medley Global Advisors

ADDRESS
1002 Wisconsin Ave, Washington DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE
investment advisors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 9, 04</u>	<u>\$ 50</u>	<u>Dinner at NARUC</u>
<u>7, 8, 04</u>	<u>\$ 35</u>	<u>dinner</u>
<u>11, 14, 04</u>	<u>\$ 50</u>	<u>dinner</u>
<u>11, 15, 04</u>	<u>\$ 50</u>	<u>dinner at NARUC</u>

> NAME OF SOURCE
Time Warner
BellSouth, GCI, Talk America, ATT, Xo, Verizon

ADDRESS
Washington DC - various addresses

BUSINESS ACTIVITY, IF ANY, OF SOURCE
telecommunications lobbyists

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 14, 04</u>	<u>\$ 50</u>	<u>dinner at NARUC conference</u>
<u>___/___/___</u>	<u>\$</u>	<u>_____</u>
<u>___/___/___</u>	<u>\$</u>	<u>_____</u>

> NAME OF SOURCE
Ed Salmon / Keith Bissell

ADDRESS
Nashville Tennessee

BUSINESS ACTIVITY, IF ANY, OF SOURCE
energy & telecommunications consultants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 7, 04</u>	<u>\$ 30</u>	<u>reception at NARUC conference</u>
<u>7, 11, 04</u>	<u>\$ 50</u>	<u>dinner at NARUC</u>
<u>11, 13, 04</u>	<u>\$ 125</u>	<u>dinner at NARUC; ticket to enroute opny</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: _____

SCHEDULE F
Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 LORETTA M. LYNCH

- Reminder - you must mark the gift or income box.
- You are not required to report "income" from government agencies.

> NAME OF SOURCE
Law Seminars Int'l
 ADDRESS
800 5th Ave, Suite 101
 CITY AND STATE
Seattle Washington
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
professional education programs
 DATE(S): 4/23/04 AMT: \$ 700
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: travel to Las Vegas to speak at Tribal Energy conference

> NAME OF SOURCE
ABA Committee on Administrative Law
 ADDRESS
c/o Haynes & Boone
 CITY AND STATE
1615 L ST NW Washington DC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bar Association / Legal profession
 DATE(S): 10/20/04 - 10/22/04 AMT: \$ 578.20
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: travel to Washington DC to speak at ABA conference

> NAME OF SOURCE
Utility Workers Union of America
 ADDRESS
Boston MA
 CITY AND STATE
Labor Union
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): 4/19/04 AMT: \$ 877.20
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: travel to Washington DC to speak at conference

> NAME OF SOURCE
 ADDRESS
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): _____ AMT: \$ _____
(if applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

Date Received
Official Use Only

MAR 1 2004

EXECUTIVE DIRECTOR'S OFFICE

Please type or print in ink

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
LYNCH	LORETTA		(415) 703-2444
MAILING ADDRESS (May be business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
505 Van Ness Avenue		San Francisco	CA 94102

1. Office, Agency or Court

Name of Office, Agency or Court:
CA Public Utilities Commission

Division, Board, District, if applicable:
Executive Division

Your Position:
Commissioner

➔ 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, 2003, through December 31, 2003.

-or-

The period covered is ____/____/____, through December 31, 2003.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2003, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

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 & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D Yes - schedule attached
Income - Loans

Schedule E Yes - schedule attached
Income - Gifts

Schedule F Yes - schedule attached
Income - Travel Payments

-or-

No reportable interests on any schedule

Total number of pages completed including this cover page: 6

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 March 1, 2004
(month, day, year)

Signature Scott M. Lynch
(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.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
LORETTA LYNCH

> NAME OF BUSINESS ENTITY
Keker & Van Nest 401 K Plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Funds

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 Mutual Funds investment
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 / / 03 / / 03
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Citibank IRA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement Funds

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 Cash
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 / / 03 / / 03
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 / / 03 / / 03
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 / / 03 / / 03
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE B

Interests in Real Property

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
LORETTA LYNCH

STREET ADDRESS OR PRECISE LOCATION
1351 Heydt Street

CITY
St. Louis, MO

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

IF APPLICABLE, LIST DATE:
 _____/_____/03 _____/_____/03
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Rental Property 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.

NAME OF LENDER
Citibank Mortgage Inc.

ADDRESS
1 Sansome St., San Francisco, CA

BUSINESS ACTIVITY OF LENDER
Financial Institution

INTEREST RATE TERM (Months/Years)
4.125 % None **5/1 ARM**

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

STREET ADDRESS OR PRECISE LOCATION

CITY

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

IF APPLICABLE, LIST DATE:
 _____/_____/03 _____/_____/03
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Rental Property 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.

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 E
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
LORETTA LYNCH

► NAME OF SOURCE
John Geeseman, CEC Commissioner

ADDRESS
200 S. Los Robles Ave., Ste 400, Pasadena, CA 9110

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy Action Team - Steering Committee Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 11 / 03</u>	<u>\$ 50.00</u>	<u>dinner at Ferry Bldg.</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Joseph Cotchett

ADDRESS
840 Malcolm Road, Suite 200, Burlingame, CA 94010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
lawyer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 24 / 03</u>	<u>\$ 30.00</u>	<u>Lunch - Balboa Cafe</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Manufacturing Technology Association (CMTA)

ADDRESS
980 9th Street, Suite 2200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 24 / 03</u>	<u>\$ 80.00</u>	<u>dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
TechNet

ADDRESS
2600 East Bayshore Rd., Palo Alto, CA 94303

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political lobbyist for technology industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 23 / 03</u>	<u>\$ 72.61</u>	<u>dinner meeting</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Joseph Cotchett

ADDRESS
840 Malcolm Road, Suite 200, Burlingame, CA 94010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
lawyer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 06 / 03</u>	<u>\$ 50.00</u>	<u>Dinner - Balboa Cafe</u>
<u>9 / 18 / 03</u>	<u>\$ 50.00</u>	<u>Dinner - Balboa Cafe</u>
<u>10 / 03 / 03</u>	<u>\$ 100.00</u>	<u>Dinner - Motors</u>

► NAME OF SOURCE
Salmon Ventures Ltd.

ADDRESS
117 Smith Street, Millville, NJ 08332

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consultant; Former State Commissioner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 23 / 03</u>	<u>\$ 100.00</u>	<u>Dinner NARUC Conf.</u>
<u>7 / 27 / 03</u>	<u>\$ 100.00</u>	<u>Dinner NARUC Conf.</u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE E Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
LORETTA LYNCH

> NAME OF SOURCE
Oakland Raiders

ADDRESS
1220 Harbor Bay Parkway, Alameda, CA 94502

BUSINESS ACTIVITY, IF ANY, OF SOURCE
football team

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 28 / 03</u>	<u>\$ 71.00</u>	<u>ticket to game</u>
<u>9 / 28 / 03</u>	<u>\$ 50.00</u>	<u>food & drinks</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
Verizon

ADDRESS
1300 I Street, NW #400 West, Washington, DC 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE
utility company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 27 / 03</u>	<u>\$ 20.00</u>	<u>Dessert/drinks - Denver</u>
<u>11 / 16 / 03</u>	<u>\$ 75.00</u>	<u>Dinner NARUC-Atlanta</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: _____

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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
LORETTA LYNCH

- **Reminder – you must mark the gift or income box.**
- **You are not required to report “income” from government agencies.**

> NAME OF SOURCE
CWC Associates

ADDRESS
3 Tyers Gate

CITY AND STATE
London SE1 3HX

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Conference Organizers

DATE(S): 11 / 18 / 03 - 11 / 19 / 03 AMT: \$ 101.00
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: airfare for North American Natural Gas
Conference in Houston, TX

> NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

> NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

> NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Office RECEIVED

MAR 18 2003

EXECUTIVE DIRECTOR'S OFFICE

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
LYNCH	LORETTA	M	(415) 703-2444
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
505 Van Ness Avenue	San Francisco	94102	OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency or Court

Name:

California Public Utilities Commission

Division, Board, District, if applicable:

Executive Division

Position:

Commissioner

If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

During the reporting period, did you have any reportable interests to disclose on:

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 & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D Yes - schedule attached
Income - Loans

Schedule E Yes - schedule attached
Income - Gifts

Schedule F Yes - schedule attached
Income - Travel Payments

-or-

No reportable interests on any schedule

Total number of pages completed including this cover page: 2

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, 2002, through December 31, 2002.

-or-

The period covered is ____/____/____ through December 31, 2002.

Leaving Office Date Left: ____/____/____
(Check one)

The period covered is January 1, 2002, through the date of leaving office.

-or-

The period covered is ____/____/____ through the date of leaving office.

Candidate

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 March 18, 2003
(month, day, year)

Signature *Scott M. Lynch*
(File the originally signed statement with your filing official.)

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

- **Reminder – you must mark the gift or income box.**
- **You are not required to report “income” from government agencies.**

> NAME OF SOURCE
British-American Project
 ADDRESS
1740 Massachusetts Avenue, NW
 CITY AND STATE
Washington, DC 20036-1887
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ 1131.11 DATE(S): 11/15/02 11/19/02
(if applicable)

DESCRIPTION: hotel accommodations (\$911.44) and meals (\$220) for fellowship roundtable.

> NAME OF SOURCE

 ADDRESS

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT (check one) Gift Income

AMT: \$ _____ DATE(S): _____
(if applicable)

DESCRIPTION: _____

> NAME OF SOURCE

 ADDRESS

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): _____
(if applicable)

DESCRIPTION: _____

Verification

Print Name Loretta M. Lynch

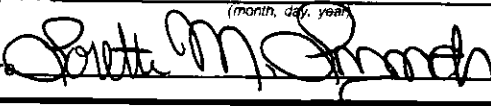
Office, Agency or Court CA Public Utilities Commission

Statement Type 2002/2003 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 March 18, 2003
(month, day, year)

Signature 

Comments: Amendment to reflect amount provided for hotel accommodations and meals by British-American Project for fellowship roundtable.

STATEMENT OF ECONOMIC INTERESTS

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Date Received Official Use Only

RECEIVED

MAR - 3 REC'D

Please type or print in ink

COVER PAGE

EXECUTIVE DIVISION OFFICE

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
LYNCH	LORETTA	M	(415) 703-2444
MAILING ADDRESS (May be business address)		CITY	ZIP CODE
505 Van Ness Avenue,		SF	94102
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Full Name of Office Sought or Held, Agency or Court:

CA Public Utilities Commission

Division, Board, District, if applicable:
Executive Division

Position:
Commissioner

- If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position Title: _____

2. Jurisdiction of Office (Check 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, 2002, through December 31, 2002.

-or-

The period covered is ____/____/____ through December 31, 2001.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2001, through the date of leaving office.

-or-

The period covered is ____/____/____ through the date of leaving office.

Candidate

4. Schedule Summary
(Check applicable schedules or "No reportable interests.")

- During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (Greater than 10% Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D Yes - schedule attached
Income - Loans

Schedule E Yes - schedule attached
Income - Gifts

Schedule F Yes - schedule attached
Income - Travel Payments

-or-

No reportable interests on any schedule

Total number of pages completed including this cover page: _____

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 March 3, 2003
(month, day, year)

Signature Loretta M. Lynch
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Janita Lynch

> NAME OF BUSINESS ENTITY
Keter & Von Nest 401k Plan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
retirement funds

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 Mutual Funds Investment
(Describe)

IF APPLICABLE, LIST DATE: N/A

____/____/01 ____/____/01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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.

____/____/01 ____/____/01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Citibank IRA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
retirement funds

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 cash
(Describe)

IF APPLICABLE, LIST DATE: N/A

____/____/01 ____/____/01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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.

____/____/01 ____/____/01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

____/____/01 ____/____/01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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.

____/____/01 ____/____/01
ACQUIRED DISPOSED

Comments:

SCHEDULE B
Interests in Real Property

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name Jonta Lynch

STREET ADDRESS OR PRECISE LOCATION
1351 Heydt St

CITY
St Louis, MO

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

IF APPLICABLE, LIST DATE: N/A
 ACQUIRED: ___/___/01 DISPOSED: ___/___/01

NATURE OF INTEREST
 Rental Property 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.

NAME OF LENDER
Citibank Mortgage Inc.

ADDRESS
1 Sanson St, San Francisco, CA

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

INTEREST RATE TERM (Months/Years)
5.25 % None _____

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

Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D

STREET ADDRESS OR PRECISE LOCATION

CITY

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: ___/___/01 DISPOSED: ___/___/01

NATURE OF INTEREST
 Rental Property 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.

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

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

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D

Comments: _____

SCHEDULE E Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Jovetta Lynch

> NAME OF SOURCE
International Brotherhood of Electrical Workers
ADDRESS
600 North Diamond Bar Blvd., Diamond Bar, CA 91761
BUSINESS ACTIVITY, IF ANY, OF SOURCE
attendance at reception

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>2 glasses of wine</u>	<u>\$ 12.00</u>	<u>02 / 08 / 02</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

> NAME OF SOURCE
Edison International
ADDRESS
2244 Walnut Grove Ave., Rosemead, CA 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE
attendance at reception

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>1 beer</u>	<u>\$ 6.00</u>	<u>04 / 02 / 02</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

> NAME OF SOURCE
Sempra Group
ADDRESS
601 Van Ness Ave., San Francisco, CA 94102
BUSINESS ACTIVITY, IF ANY, OF SOURCE
attendance at reception

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>soda</u>	<u>\$ 6.00</u>	<u>02 / 10 / 02</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

> NAME OF SOURCE
California Chamber of Commerce
ADDRESS
1215 K Street, 14th Flr., Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
attendance at reception

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>lunch</u>	<u>\$ 25.00</u>	<u>04 / 17 / 02</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

> NAME OF SOURCE
National Association of Water Companies
ADDRESS
1725 K Street, N.W., Ste 1212, Washington, DC 20006
BUSINESS ACTIVITY, IF ANY, OF SOURCE
attendance at reception

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>wine</u>	<u>\$ 6.00</u>	<u>02 / 12 / 02</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

> NAME OF SOURCE
Consumer Energy Council of America
ADDRESS
2000 L St., Ste 802, NW, Washington, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
attendance for conference and roundtable

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>dinner</u>	<u>\$ 50.00</u>	<u>05 / 22 / 02</u>
_____	\$ _____	____ / ____ / ____
_____	\$ _____	____ / ____ / ____

Comments: _____

SCHEDULE E Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Janetta Lynch

> NAME OF SOURCE

British Embassy

ADDRESS

Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

reception and dinner

DESCRIPTION OF GIFT(S)	VALUE	DATE
<u>dinner for UK Foreign Minister Lord Hurd</u>	<u>\$ 100.00</u>	<u>11 / 16 / 02</u>
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name Jonetta Lynch

- **Reminder – you must mark the gift or income box.**
- **You are not required to report “income” from government agencies.**

► NAME OF SOURCE
Haskayne School of Business, Univ. of Calgary
 ADDRESS
2500 University Drive N.W.
 CITY AND STATE
Calgary, Alberta, Canada
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
business school

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ 1033.86 DATE(S): 10/27/02 10/29/02
(if applicable)

DESCRIPTION: airfare for talk at business school

► NAME OF SOURCE
British-American Project
 ADDRESS
 CITY AND STATE
Washington, DC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): 11/15/02 11/19/02
(if applicable)

DESCRIPTION: hotel accommodations for fellowship and roundtable

► NAME OF SOURCE
Ziff Energy Group
 ADDRESS
1117 Macleod Trail S.E.,
 CITY AND STATE
Calgary, AB T2G 2M8
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ 228.30 DATE(S): 10/28/02 10/29/02
(if applicable)

DESCRIPTION: hotel accommodations for speaker at conference

► NAME OF SOURCE
British-American Project
 ADDRESS
 CITY AND STATE
Washington, DC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ 400.00 DATE(S): 11/15/02 11/19/02
(if applicable)

DESCRIPTION: partial airfare

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Janetta Lynch

- Reminder – you must mark the gift or income box.
- You are not required to report “income” from government agencies.

> NAME OF SOURCE
Consumer Energy Council of America

ADDRESS
2000 L St., Ste 802, NW,

CITY AND STATE
Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ 125.95 DATE(S): 05/22/02 05/23/02
(if applicable)

DESCRIPTION: hotel accommodations for
attendance for conference and roundtable

> NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): ____/____/____
(if applicable)

DESCRIPTION: _____

> NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): ____/____/____
(if applicable)

DESCRIPTION: _____

> NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): ____/____/____
(if applicable)

DESCRIPTION: _____

Comments: _____

1 REC'D

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COVER PAGE

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
LYNCH	LORETTA	M.	(415)	703-2444
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
505 Van Ness Avenue		San Francisco	94102	(415) 703-3933

1. Full Name of Office Sought or Held, Agency or Court:

California Public Utilities Commission

Division, Board, District, if applicable:
Executive Division

Position:
President

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position Title: _____

2. Jurisdiction of Office (Check 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, 2001, through December 31, 2001.

-or-

The period covered is ____/____/____ through December 31, 2001.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2001, through the date of leaving office.

-or-

The period covered is ____/____/____ through the date of leaving office.

Candidate

4. Schedule Summary
(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (Greater than 10% Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D Yes - schedule attached
Income - Loans

Schedule E Yes - schedule attached
Income - Gifts

Schedule F Yes - schedule attached
Income - Travel Payments

-or-

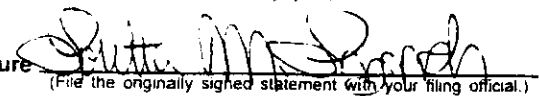
➔ No reportable interests on any schedule

Total number of pages completed including this cover page: 4

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 March 1, 2002
(month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

LORETTA LYNCH

> NAME OF BUSINESS ENTITY
KEKER & VAN NEST 401K PLAN

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT FUNDS

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 MUTUAL FUNDS INVESTMENT
(Describe)

IF APPLICABLE, LIST DATE:
 / / 01 / / 01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 / / 01 / / 01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
CITIBANK IRA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT FUNDS

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 CASH
(Describe)

IF APPLICABLE, LIST DATE:
 / / 01 / / 01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 / / 01 / / 01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 / / 01 / / 01
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 / / 01 / / 01
ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
LORETTA LYNCH

> STREET ADDRESS OR PRECISE LOCATION
1351 HEYDT STREET
CITY
ST. LOUIS, MISSOURI

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 / / 01 DISPOSED / / 01

NATURE OF INTEREST
 Rental Property 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.

NAME OF LENDER
CITIBANK
ADDRESS
1 SANSOME STREET, SAN FRANCISCO, CA

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

INTEREST RATE TERM (Months/Years)
7.25 % None _____

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

Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D

> 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 / / 01 DISPOSED / / 01

NATURE OF INTEREST
 Rental Property 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.

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

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

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
LORETTA LYNCH

> NAME OF SOURCE
NO GIFTS RECEIVED

ADDRESS _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): ____/____/____
(if applicable)

DESCRIPTION: _____

> NAME OF SOURCE _____

ADDRESS _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): ____/____/____
(if applicable)

DESCRIPTION: _____

> NAME OF SOURCE _____

ADDRESS _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): ____/____/____
(if applicable)

DESCRIPTION: _____

> NAME OF SOURCE _____

ADDRESS _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): ____/____/____
(if applicable)

DESCRIPTION: _____

> NAME OF SOURCE _____

ADDRESS _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): ____/____/____
(if applicable)

DESCRIPTION: _____

> NAME OF SOURCE _____

ADDRESS _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

TYPE OF PAYMENT: (check one) Gift Income

AMT: \$ _____ DATE(S): ____/____/____
(if applicable)

DESCRIPTION: _____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS A Public Document

RECEIVED Date Received Official Use Only MAF 1 REC'D

EXECUTED ON

Please type or print in ink

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER LYNCH LORETTA (415) 703-2444 MAILING ADDRESS (May be business address) STREET CITY ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS 505 Van Ness Ave., San Francisco, CA 94102 415-703-3933

COVER PAGE

1. Name of Office Sought or Held, Agency or Court

Court (Provide precise name. Do not use acronyms.)

California Public Utilities Commission

Division, Board, District, if applicable:

Position:

President

If Expanded Statement - List agency/position:

(Attach a separate sheet if necessary. Do not use acronyms. File originally signed statement with each filing official.)

Agency: California Energy Commission

Position Title: Ex-Officio member

2. Office Jurisdiction (Check one)

[X] State

[] County of

[] City of

[] Multi-County

[] Other

3. Type of Statement (Check at least one box)

[] Assuming Office/Initial Date: / /

[X] Annual (Check one)

[X] The period covered is January 1, 2000, through December 31, 2000.

[] The period covered is / /, through December 31, 2000.

[] Leaving Office Date Left: / / (Check one)

[] The period covered is January 1, 2000, through the date of leaving office.

[] The period covered is / /, through the date of leaving office.

[] Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 [X] Yes - schedule attached Investments (Less than 10% Ownership)

Schedule A-2 [] Yes - schedule attached Investments (Greater than 10% Ownership)

Schedule B [X] Yes - schedule attached Real Property

Schedule C [X] Yes - schedule attached Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D [] Yes - schedule attached Income - Loans

Schedule E [] Yes - schedule attached Income - Gifts

Schedule F [] Yes - schedule attached Income - Travel Payments

[] No reportable interests on any schedule

Total number of pages (including this cover page): 4

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.

EXECUTED ON MARCH 1, 2001 (month, day, year)

SIGNATURE [Signature] (File the originally signed statement with your filing official.)

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA 2000/2001 FORM **700**
 FAIR POLITICAL PRACTICES COMM.
 Name
LORETTA LYNCH

NAME OF BUSINESS ENTITY
KEKER & VAN NEST 401K PLAN

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT FUNDS

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 **MUTUAL FUNDS INVESTMENT**
(Describe)

IF APPLICABLE, LIST DATE:
 ____/____/00 ____/____/00
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 ____/____/00 ____/____/00
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
CITIBANK IRA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT FUNDS

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 **CASH**
(Describe)

IF APPLICABLE, LIST DATE:
 ____/____/00 ____/____/00
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 ____/____/00 ____/____/00
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 ____/____/00 ____/____/00
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 ____/____/00 ____/____/00
 ACQUIRED DISPOSED

Comments:

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA 2000/2001 FORM 700 FAIR POLITICAL PRACTICES COMM Name LORETTA LYNCH

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: NATURE OF INVESTMENT YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS 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: NATURE OF INTEREST

4. (cont.) 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: NATURE OF INTEREST

4. (cont.) 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: NATURE OF INTEREST Comments:

Interests in Real Property

Name LORETTA LYNCH

STREET ADDRESS OR PRECISE LOCATION

1351 HEYDT STREET

CITY

ST. LOUIS, MISSOURI

FAIR MARKET VALUE

- FAIR MARKET VALUE options: \$2,000 - \$10,000, \$10,001 - \$100,000 (checked), \$100,001 - \$1,000,000, Over \$1,000,000

IF APPLICABLE, LIST DATE:

ACQUIRED / / 00 DISPOSED / / 00

NATURE OF INTEREST

- NATURE OF INTEREST options: Rental Property, Ownership/Deed of Trust (checked), Easement, Leasehold, Yrs. remaining, Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- IF RENTAL PROPERTY, GROSS INCOME RECEIVED options: \$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, see the instructions for reporting sources of rental income.

NAME OF LENDER

CITIBANK

ADDRESS

1 SANSOME ST., SAN FRANCISCO, CA.

BUSINESS ACTIVITY OF LENDER

- BUSINESS ACTIVITY OF LENDER options: Financial Institution, Other

INTEREST RATE

7.25% None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- HIGHEST BALANCE DURING REPORTING PERIOD options: \$500 - \$1,000, \$1,001 - \$10,000, \$10,001 - \$100,000 (checked), OVER \$100,000

Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

- Additional loan - refer to Sch. D.

STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

ACQUIRED / / 00 DISPOSED / / 00

NATURE OF INTEREST

- NATURE OF INTEREST options: Rental Property, Ownership/Deed of Trust, Easement, Leasehold, Yrs. remaining, Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- IF RENTAL PROPERTY, GROSS INCOME RECEIVED options: \$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, see the instructions for reporting sources of rental income.

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER

- BUSINESS ACTIVITY OF LENDER options: Financial Institution, Other

INTEREST RATE

% None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- HIGHEST BALANCE DURING REPORTING PERIOD options: \$500 - \$1,000, \$1,001 - \$10,000, \$10,001 - \$100,000, OVER \$100,000

Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

- Additional loan - refer to Sch. D.

Comments:

Income & Business Positions

(Income Other than Loans, Gifts, and Travel Payments)

Name LORETTA LYNCH

NAME OF SOURCE KEKER & VAN NEST ADDRESS 710 SANSOME STREET, SAN FRANCISCO, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE LAW FIRM YOUR BUSINESS POSITION PARTNER GROSS INCOME RECEIVED [X] \$10,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED [X] Other ((PLEASE SEE COMMENTS BELOW))

NAME OF SOURCE ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED CONSIDERATION FOR WHICH INCOME WAS RECEIVED Other

NAME OF SOURCE ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED CONSIDERATION FOR WHICH INCOME WAS RECEIVED Other

NAME OF SOURCE ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED CONSIDERATION FOR WHICH INCOME WAS RECEIVED Other

Comments: Pro rata share of legal fees earned in 1995-1999 and disbursed in 2000 following separation from the firm as part of contingency case income.

Income - Loans
(Received or Outstanding)

CALIFORNIA 2000/2001 FORM 700 <small>FAIR POLITICAL PRACTICES COMM.</small>
Name LORETTA LYNCH

NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

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

SECURITY FOR LOAN
 None Automobile Personal residence
 Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

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

SECURITY FOR LOAN
 None Automobile Personal residence
 Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

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

SECURITY FOR LOAN
 None Automobile Personal residence
 Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

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

SECURITY FOR LOAN
 None Automobile Personal residence
 Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

Comments: _____

Income – Gifts

CALIFORNIA 2000/2001 FORM	700
FAIR POLITICAL PRACTICES COMM.	
Name	
LORETTA LYNCH	

NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DESCRIPTION OF GIFT(S)	VALUE	DATE
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

Comments: _____

Schedule F

Income - Gifts
Travel Payments, Advances, and
Reimbursements

CALIFORNIA 2000/2001 FORM **700**
FAIR POLITICAL PRACTICES COMM.
Name
LORETTA LYNCH

NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
TYPE OF PAYMENT: (check one)
 Gift Income
AMT: \$ _____ DATE(S): ____/____/____
(if applicable)
DESCRIPTION: _____

NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
TYPE OF PAYMENT: (check one)
 Gift Income
AMT: \$ _____ DATE(S): ____/____/____
(if applicable)
DESCRIPTION: _____

NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
TYPE OF PAYMENT: (check one)
 Gift Income
AMT: \$ _____ DATE(S): ____/____/____
(if applicable)
DESCRIPTION: _____

NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
TYPE OF PAYMENT: (check one)
 Gift Income
AMT: \$ _____ DATE(S): ____/____/____
(if applicable)
DESCRIPTION: _____

NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
TYPE OF PAYMENT: (check one)
 Gift Income
AMT: \$ _____ DATE(S): ____/____/____
(if applicable)
DESCRIPTION: _____

NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
TYPE OF PAYMENT: (check one)
 Gift Income
AMT: \$ _____ DATE(S): ____/____/____
(if applicable)
DESCRIPTION: _____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS A Public Document

Date Received

RECEIVED

JAN 11 1999

EXECUTIVE SECRETARIAT OFFICE

Please type or print in ink

Name: LYNCH (LAST), LORETTA (FIRST); Address: 1129 CHURCH STREET, SF CA 94114

COVER PAGE

1. Office, Agency, or Court

CPUC

Division, Board, District, if applicable:

Position:

COMMISSIONER

If filing an expanded statement list agency/position: (Attach a separate sheet if necessary)

4. Schedule Summary

During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 [X] Yes - schedule attached Investments (Less than 10% Ownership)

Schedule A-2 [] Yes - schedule attached Investments (Greater than 10% Ownership)

Schedule B [X] Yes - schedule attached Real Property

Schedule C [X] Yes - schedule attached Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D [] Yes - schedule attached Income - Loans

Schedule E [] Yes - schedule attached Income - Gifts

Schedule F [] Yes - schedule attached Income - Travel Payments

[] No reportable interests

Total number of pages (including this cover page): 4

2. Office Jurisdiction (Check one)

- [X] State [] County of [] City of [] Multi-County [] Other

3. Type of Statement (Check at least one box)

[X] Assuming Office/Initial Date: 1/1/00

[] Annual (Check one)

[] The period covered is January 1, 1998 through December 31, 1998.

[] The period covered is [] through December 31, 1998.

[] Leaving Office Date Left: [] (Check one)

[] The period covered is January 1, 1998 through the date of leaving office.

[] The period covered is [] through the date of leaving office.

[] Candidate

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 the 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.

Executed on January 11, 2000 (month, day) (year)

SIGNATURE [Signature]

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Name

NAME OF BUSINESS ENTITY
KEKER & VAN NEST ADI KRAM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT FUNDS

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

NATURE OF INVESTMENT
 Stock
 Other MUTUAL FUNDS INVESTMENT
OTHER FINANCIAL INSTRUMENT

IF APPLICABLE, LIST DATE:
 ___/___/98 ___/___/98
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock
 Other

IF APPLICABLE, LIST DATE:
 ___/___/98 ___/___/98
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
CITIBANK IRA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RETIREMENT FUNDS

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

NATURE OF INVESTMENT
 Stock
 Other CASH

IF APPLICABLE, LIST DATE:
 ___/___/98 ___/___/98
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock
 Other

IF APPLICABLE, LIST DATE:
 ___/___/98 ___/___/98
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock
 Other

IF APPLICABLE, LIST DATE:
 ___/___/98 ___/___/98
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock
 Other

IF APPLICABLE, LIST DATE:
 ___/___/98 ___/___/98
 ACQUIRED DISPOSED

Comments:

Interests in Real Property

Name

STREET ADDRESS OR PRECISE LOCATION
1351 HEYDT ST
 CITY
ST LOUIS, MISSOURI

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

IF APPLICABLE, LIST DATE:
12-96 / / 98
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Rental Property Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$249 \$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000

SOURCES OF RENTAL INCOME: *If you own a 10% or greater interest, see the instructions for reporting sources of rental income.*

NAME OF LENDER
CITIBANK
 ADDRESS
1 SANSOME ST, SF, CA

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

INTEREST RATE
8 % None
 TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
 Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D.

STREET ADDRESS OR PRECISE LOCATION
1129-1133 CHURCH ST
 CITY
SF, CA

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

IF APPLICABLE, LIST DATE:
7-798 / / 98
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Rental Property Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$249 \$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000

SOURCES OF RENTAL INCOME: *If you own a 10% or greater interest, see the instructions for reporting sources of rental income.*

NAME OF LENDER
BANK OF AMERICA
 ADDRESS
SF, CA

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

INTEREST RATE
8 % None
 TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
 Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D.

Comments:

Income & Business Positions

(Income Other than Loans, Gifts, and Travel Payments)

Name

NAME OF SOURCE
 Keker & Van Nest
 ADDRESS
 710 Sansome St, SFGA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 law firm
 BUSINESS POSITION
 partner

GROSS INCOME RECEIVED
 \$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's income Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other partnership income

NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 BUSINESS POSITION

GROSS INCOME RECEIVED
 \$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's income Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other _____

NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 BUSINESS POSITION

GROSS INCOME RECEIVED
 \$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's income Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other _____

NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 BUSINESS POSITION

GROSS INCOME RECEIVED
 \$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's income Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other _____

Comments: