

FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

CC

2010 MAR 21 PM 5:14
A Public Document

FEB 26 2010

AD

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Wolk	Lois	Gloria	[REDACTED]		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[REDACTED]					

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Senate

Division, Board, District, if applicable:
5th 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, 2009, through December 31, 2009.

-or-

The period covered is ____/____/____, through December 31, 2009.

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

The period covered is January 1, 2009, 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: 3

► 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 February 26, 2010
(month, day, year)

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

SCHEDULE D
Income - Gifts

Name _____

▶ NAME OF SOURCE
enXco
 ADDRESS (Business Address Acceptable)
700 La Terraza Blvd., # 200, Escondido, CA 92025
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Shiloh II Wind Project Dedication

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 26 / 09</u>	<u>\$ 100.00</u>	<u>framed print</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Pro Tempore Darrell Steinberg
 ADDRESS (Business Address Acceptable)
1100 O St., #200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Senate Caucus Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 03 / 09</u>	<u>\$ 71.23</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Richie Ross
 ADDRESS (Business Address Acceptable)
1700 L Street, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
holiday gift basket - date approximate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 09</u>	<u>\$ 65.00</u>	<u>wine basket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Jeff Hart, Hart Restoration
 ADDRESS (Business Address Acceptable)
P.O. Box 439, Walnut Grove, CA 95690
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Delta Boat Tour

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 22 / 09</u>	<u>\$ 116.67</u>	<u>boat, skipper services</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Correctional Peace Officers Asso.
 ADDRESS (Business Address Acceptable)
755 Riverpointe Dr., West Sacramento, CA 95605
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner at Old Sugar Mill

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 22 / 09</u>	<u>\$ 150.19</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

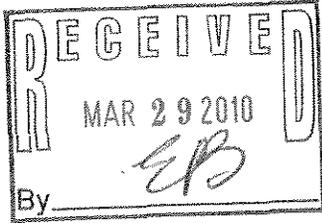
▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 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: _____



EB

MAR 25 2010

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE
 enXco
 ADDRESS (Business Address Acceptable)
 700 La Terraza Blvd., #200, Escondido, CA 92025
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Develops, builds, operates renewable energy plants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 09	\$ 100.00	framed print
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 Jeff Hart, Hart Restoration
 ADDRESS (Business Address Acceptable)
 P.O. Box 439, Walnut Grove, CA 95690
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Ecosystem restoration, guided Sac. Delta boat tours

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 22 / 09	\$ 116.67	Delta Boat Tour
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Verification

Print Name Lois Wolk

Office, Agency or Court California State Senator

Statement Type 2009/2010 Annual Assuming Leaving
 Annual Candidate

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 3-25-10

Signature

Comments: _____