

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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BY: fr

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Jones Brian W.

1. Office, Agency, or Court

Agency Name

CA State Assembly

Division, Board, Department, District, if applicable

Your Position

Assembly District 77

Legislator

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- [x] State [ ] Judge (Statewide Jurisdiction)
[ ] Multi-County [ ] County of
[ ] City of [ ] Other

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

- [ ] Annual: The period covered is January 1, 2010, through December 31, 2010.
[ ] Leaving Office: Date Left
[ ] Assuming Office: Date 12 / 6 / 10
[ ] Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- [ ] Schedule A-1 - Investments - schedule attached
[x] Schedule A-2 - Investments - schedule attached
[ ] Schedule B - Real Property - schedule attached
[x] Schedule C - Income, Loans, & Business Positions - schedule attached
[x] Schedule D - Income - Gifts - schedule attached
[ ] Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- [ ] None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that the information provided herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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Date Signed 3-1-11 (month, day, year)

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Brian W. Jones
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**▶ 1. BUSINESS ENTITY OR TRUST**

JV Interiors/Heather Jones  
 Name  
 10275 Michala Place, Santee, CA 92071  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____ / _____ / 09    _____ / _____ / 09 ACQUIRED                      DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> _____ Other	
YOUR BUSINESS POSITION _____	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____ / _____ / 09    _____ / _____ / 09 ACQUIRED                      DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

**▶ 1. BUSINESS ENTITY OR TRUST**

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____ / _____ / 09    _____ / _____ / 09 ACQUIRED                      DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> _____ Other	
YOUR BUSINESS POSITION _____	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
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 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: _____ / _____ / 09    _____ / _____ / 09 ACQUIRED                      DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: \_\_\_\_\_





**SCHEDULE D**  
**Income – Gifts**

Name  
 Brian W. Jones

▶ NAME OF SOURCE  
 Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)  
 1095 Barona Road, Lakeside, CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Tribal government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 14 / 10	\$ 56.25	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE  
 CRP

ADDRESS (Business Address Acceptable)  
 1215 K Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 11	\$ 145.62	Rolling bag
12 / 10 / 11	\$ 57.00	Frame
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: \_\_\_\_\_

## FPPC Form 700

The filer, Brian Jones, had made a good faith effort to identify, value and report all gift tickets, travel payments, beverages, meals and reimbursements related to travel in connection with speeches, panel seminars, reception or other similar events received during the calendar year of 2010.

The filer had implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages.

The filer has relied in part for this tracking system upon the persons and the entities, associations and individuals providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is unintended and inadvertent.

Name: Brian Jones Date: 3-1-11  
(print name)

Signature

(d)(5)

A rectangular box with a black border, filled with a solid grey color, used to redact the signature. The text "(d)(5)" is printed in the top-left corner of the box.