

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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MAR - 1 2011

BY: tc

Please type or print in ink.

2011 MAR - 1 AM 11:41

NAME OF FILER (LAST) (FIRST) (MIDDLE)
VALADAO DAVID G

1. Office, Agency, or Court

Agency Name
CALIFORNIA STATE ASSEMBLY
Division, Board, Department, District, if applicable
30TH DISTRICT
Your Position
ASSEMBLYMAN

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

Agency: _____ Position: _____

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

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. -or-
The period covered is ____/____/____, through December 31, 2010.
 Assuming Office: Date 12 / 06 / 10
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election Year 2010 Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 9
 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule



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

Date Signed 2-23-11
(month, day, year)

Signature

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

▶ 1 BUSINESS ENTITY OR TRUST

VALADAO DAIRY

Name
 17293 9 1/2 AVENUE, HANFORD, CA 93230

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

DAIRY FARM

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

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION GENERAL PARTNER

▶ 1 BUSINESS ENTITY OR TRUST

TRIPLE V DAIRY

Name
 12749 9 1/2 AVENUE, HANFORD, CA 93230

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

DAIRY FARM

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

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION GENERAL PARTNER

▶ 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

▶ 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.)

SEE ATTACHED WORKSHEET

▶ 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

SEE ATTACHED WORKSHEET

▶ 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

LAND O' LAKES, INC

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

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

LAND O' LAKES, INC

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

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2

VALADAO DAIRY

SECTION 3 (continued):

List the name of each reportable single source of income of \$10,000 or more.

Land O'Lakes, Inc.

Land O'Lakes, Inc.

SECTION 4 (continued):

Additional schedules reporting investments or real property.

Real Property

APN: 028-202-028, 028-206-005, & 028-202-032

Hanford, CA 93230

Fair Market Value: \$100,001 - \$1,000,000

APN: 028-202-002

Hanford, CA 93230

Fair Market Value: \$10,001 - \$100,000

APN: 028-201-006

Hanford, CA 93230

Fair Market Value: \$100,001 - \$1,000,000

TRIPLE V DAIRY

SECTION 3 (continued):

List the name of each reportable single source of income of \$10,000 or more.

Land O'Lakes, Inc.

Land O'Lakes, Inc.

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
VALADAO, DAVID G.

▶ STREET ADDRESS OR PRECISE LOCATION
APN: 028-202-028, 028-206-005, 028-202-032
CITY
HANFORD, CA 93230

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 / / 10 DISPOSED / / 10

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

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ STREET ADDRESS OR PRECISE LOCATION
APN: 028-202-002
CITY
HANFORD, CA 93230

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 / / 10 DISPOSED / / 10

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

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
DELBERT RAY ELLIS

ADDRESS (Business Address Acceptable)
P.O. BOX 159 CORCORAN, CA 93212

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
6 % None **240 MONTHS**

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*
ROBERT STEWART

ADDRESS (Business Address Acceptable)
6874 KANSAS AVENUE, HANFORD, CA 93230

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
6.25 % None **10 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 C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Valadao, David G.

▶ 1 INCOME RECEIVED

NAME OF SOURCE OF INCOME
VALADAO DAIRY

ADDRESS *(Business Address Acceptable)*
17293 9 1/2 AVENUE, HANFORD, CA 93230

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DAIRY FARM

YOUR BUSINESS POSITION
GENERAL PARTNER

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

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

 Other _____
(Describe)

▶ 1 INCOME RECEIVED

NAME OF SOURCE OF INCOME
TRIPLE V DAIRY

ADDRESS *(Business Address Acceptable)*
17249 9 1/2 AVENUE, HANFORD, CA 93230

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DAIRY FARM

YOUR BUSINESS POSITION
GENERAL PARTNER

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

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

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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*
MANUEL VALADAO

ADDRESS *(Business Address Acceptable)*
8635 JACKSON AVENUE, HANFORD, CA 93230

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE TERM (Months/Years)
9 % None 20 YEAR

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other HERD
(Describe)

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Valadao, David G.

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
LAND O' LAKES, INC

ADDRESS (Business Address Acceptable)
4001 LEXINGTON AVENUE N

CITY AND STATE
ARDEN HILLS, MN 55126-2998

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 04 / 01 / 10 - 01 / 06 / 11 AMT: \$ 3,035.34
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: TRAVEL EXPENSE FOR BUSINESS MEETINGS.

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

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

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

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

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

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

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____

FPPC Form 700

Comments re: Schedule D and Schedule E

The filer, David Valadao, has made a good faith effort to identify, value and report all gifts, tickets, travel payments, beverages, meals and reimbursements related to travel or attendance in connection with speeches, panels, seminars, receptions or other similar events received during the calendar year of 2010.

The filer has 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 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: DAVID VALADAO
(Print name)

Date: 2-23-11

Signature:

