

STATEMENT OF ECONOMIC INTERESTS COMMISSION

COVER PAGE

MAR 1 2011

GP

AD

2011 MAR -1 PM 5:07

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	EVANS	NOREEN	M

1. Office, Agency, or Court

Agency Name
STATE SENATE

Division, Board, Department, District, if applicable
2ND DISTRICT

Your Position
SENATOR

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

-or-

The period covered is ____/____/____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date ____/____/____ The period covered is ____/____/____, through the date of leaving office.

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: _____

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 th

Date Signed _____ Signature _____
(month, day, year)

SCHEDULE D
Income – Gifts

Name
 NOREEN EVANS

▶ NAME OF SOURCE
 THE WALT DISNEY COMPANY
 ADDRESS (Business Address Acceptable)
 500 S. BUENA VISTA STREET
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 10	\$ 316.00	4 TICKETS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 CA TRIBAL BUSINESS ALLIANCE
 ADDRESS (Business Address Acceptable)
 1530 J STREET, STE 400 SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 10	\$ 92.68	BCK TO SESS BASH
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 GROTH VINEYARDS & WINERY
 ADDRESS (Business Address Acceptable)
 750 OAKVILLE CROSSROAD, OAKVILLE CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 10	\$ 57.50	WINE
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 GROTH VINEYARDS & WINERY
 ADDRESS (Business Address Acceptable)
 750 OAKVILLE CROSSROAD, OAKVILLE CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 10	\$ 28.00	WINE
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE
RUTHERFORD HOUSE

ADDRESS (Business Address Acceptable)
1074 RUTHERFORD RD , RUTHERFORD CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 10</u>	<u>\$ 100.00</u>	<u>DINNER</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
CEJA VINEYARDS

ADDRESS (Business Address Acceptable)
PO BOX 5957 NAPA, CA 94559

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 17 / 10</u>	<u>\$ 75.00</u>	<u>BRUNCH</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
CA HEALTHCARE INSTITUTE

ADDRESS (Business Address Acceptable)
1020 PROSPECT ST., STE 310 LA JOLLA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 10</u>	<u>\$ 205.30</u>	<u>ANN LEG DINNER</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
CA RICE COMMISSION

ADDRESS (Business Address Acceptable)
8801 FOLSOM BLVD. #172 SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 10</u>	<u>\$ 28.71</u>	<u>GIFT BOX</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
JOHNSON & JOHNSON

ADDRESS (Business Address Acceptable)
1215 K ST., STE. 2040 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 10</u>	<u>\$ 34.64</u>	<u>DINNER</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
NAPA VALLEY VINTNERS

ADDRESS (Business Address Acceptable)
P.O. BOX 141 ST. HELENA, CA 94574

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 03 / 10</u>	<u>\$ 12.75</u>	<u>RECEPTION</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____

SCHEDULE D Income – Gifts

Name

NOREEN EVANS

▶ NAME OF SOURCE
TRINCHERO FAMLY ESTATES
ADDRESS (Business Address Acceptable)
P.O. BOX 248 ST. HELENA, CA 94574
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 08 / 10</u>	\$ <u>52.91</u>	<u>DINNER</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
AFSCME
ADDRESS (Business Address Acceptable)
1121 L STREET SUITE 904 SACRAMENTO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 15 / 10</u>	\$ <u>38.78</u>	<u>RECEPTION</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
CA STATE FLORAL ASSOCIATION
ADDRESS (Business Address Acceptable)
1521 I STREET SACRAMENTO, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 10</u>	\$ <u>16.95</u>	<u>FLOWERS</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
MELLOW ME OUT DAY SPA
ADDRESS (Business Address Acceptable)
1120 FULTON AVE. SACRAMENTO, CA 95825
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 12 / 10</u>	\$ <u>78.00</u>	<u>GIFT FOR STAFF A.F.</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
CHUKCHANSI ECONOMIC DEV AUTHORITY
ADDRESS (Business Address Acceptable)
46575 ROAD 417, BLDG. C COARSEGOLD, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 09 / 10</u>	\$ <u>39.08</u>	<u>DINNER</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
CHUKCHANSI ECONOMIC DEV AUTHORITY
ADDRESS (Business Address Acceptable)
46575 ROAD 417, BLDG. C COARSEGOLD, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 09 / 10</u>	\$ <u>90.00</u>	<u>2 TKTS CONCERT</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

NOREEN EVANS

▶ NAME OF SOURCE
SONOMA COUNTY FAIR
 ADDRESS (Business Address Acceptable)
P.O. BOX 1350 SANTA ROSA, CA 95402
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 11 / 10</u>	<u>\$ 156.00</u>	<u>4 TKTS -GOV DAY</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA STATE FAIR
 ADDRESS (Business Address Acceptable)
1600 EXPOSITION BLVD. SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 1 / 10</u>	<u>\$ 46.00</u>	<u>3 TKTS & PARKING</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA DEMOCRATIC PARTY
 ADDRESS (Business Address Acceptable)
1401 21st STREET STE 200 SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 19 / 10</u>	<u>\$ 38.52</u>	<u>BREAKFAST</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
PACIFIC POLICY RESEARCH FOUNDATION
 ADDRESS (Business Address Acceptable)
101 PARKSHORE DR STE 100 FOLSOM, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 7 / 10</u>	<u>\$ 107.12</u>	<u>OPEN RECEPTION</u>
<u>11 / 8 / 10</u>	<u>\$ 88.22</u>	<u>BREAKFAST</u>
<u>11 / 8 / 10</u>	<u>\$ 29.53</u>	<u>RECEPTION</u>

▶ NAME OF SOURCE
PACIFIC POLICY RESEARCH FOUNDATION
 ADDRESS (Business Address Acceptable)
101 PARKSHORE DR STE 100 FOLSOM, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 8 / 10</u>	<u>\$ 49.85</u>	<u>DINNER</u>
<u>11 / 9 / 10</u>	<u>\$ 88.22</u>	<u>BREAKFAST</u>
<u>11 / 10 / 10</u>	<u>\$ 88.22</u>	<u>BREAKFAST</u>

▶ NAME OF SOURCE
PACIFIC POLICY RESEARCH FOUNDATION
 ADDRESS (Business Address Acceptable)
101 PARKSHORE DR STE 100 FOLSOM, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 10 / 10</u>	<u>\$ 29.53</u>	<u>RECEPTION</u>
<u>11 / 11 / 10</u>	<u>\$ 88.22</u>	<u>BREAKFAST</u>
<u>11 / 11 / 10</u>	<u>\$ 107.12</u>	<u>RECEPTION</u>

Comments: _____

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE
FED EX

ADDRESS (Business Address Acceptable)
1215 K STREET SUITE 1733 SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 9 / 10</u>	<u>\$ 44.10</u>	<u>DINNER</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CA INDEPENDENT VOTER PROJECT

ADDRESS (Business Address Acceptable)
2350 KERNER BLVD, SUITE 250 SAN RAFAEL, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 10</u>	<u>\$ 1,280.00</u>	<u>LODGING</u>
<u>11 / 14 / 10</u>	<u>\$ 96.50</u>	<u>RECEPTION</u>
<u>11 / 16 / 10</u>	<u>\$ 165.80</u>	<u>DINNER</u>

▶ NAME OF SOURCE
ROLL INTERNATIONAL CORPORATION

ADDRESS (Business Address Acceptable)
11444 WEST OLYMPIC BLVD. LOS ANGELES, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 10</u>	<u>\$ 12.00</u>	<u>GIFT BOX</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>

▶ 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>

▶ 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: _____



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

▶ 1. BUSINESS ENTITY OR TRUST

NOREEN M. EVANS **ATTORNEY AT LAW**
 Name
1275 4TH STREET #660 **SANTA ROSA, CA 95404**
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
LAW PRACTICE	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$0 - \$1,999	_____ / ____ / <u>11</u>
<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>11</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Other
YOUR BUSINESS POSITION ATTORNEY	

▶ 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, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>11</u>
<input type="checkbox"/> \$10,001 - \$100,000	_____ / ____ / <u>11</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> 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: _____

Filer's Verification

Print Name **NOREEN M. EVANS**
 Office, Agency or Court **STATE SENATE**
 Statement Type 2011/2012 Annual 2010 Annual Assuming Leaving 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 April 16 2012 Filer's Signature (c)(1)
(month, day, year)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
CA DEMOCRATIC PARTY

ADDRESS (Business Address Acceptable)
1401 21ST STREET, SACRAMENTO, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SENATE CAUCUS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 5 / 10</u>	<u>\$ 170.57</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>

▶ 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>

▶ 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>

▶ 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>

Filer's Verification

Print Name NOREEN M. EVANS

Office, Agency or Court STATE SENATE

Statement Type 2011/2012 Annual Assuming Leaving
 2010 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 April 16 2012
(month day year)

Filer's Signature (c)(1)

Comments: _____