CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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FAIR POLITICAL PRACTICES COMMISSION
2013 FEB 28 AM 9:44

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Please type or print in ink.

RR

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Jones Dave

1. Office, Agency, or Court

Agency Name
California Department of Insurance

Division, Board, Department, District, if applicable

Your Position
Insurance Commissioner

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

Agency: California Earthquake Authority Position: Governing Board Member

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

☑ State
☐ Multi-County _____
☐ City of _____
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of _____
☐ Other _____

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

☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is ____/____/_____, through December 31, 2012.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*

○ The period covered is January 1, 2012, through the date of leaving office.

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

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* _____

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached
☑ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☑ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

Date Signed 2/27/13
(month, day, year)

Signature

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Dave Jones

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
State of California

ADDRESS *(Business Address Acceptable)*
300 Capitol Mall, Suite 1700, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Insurance Commissioner

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 _____ *(Real 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

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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 _____ *(Real 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*

ADDRESS *(Business Address Acceptable)*

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
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
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▶ NAME OF SOURCE (Not an Acronym)
Orange County Trial Lawyers
ADDRESS (Business Address Acceptable)
25602 Alicia Pkwy, Box 403, Laguna Hills, CA 95285
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501 c-6 non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 12	$ 87	Dinner *
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Stanislaus County Democratic Central Committee
ADDRESS (Business Address Acceptable)
827 13th St., Modesto, CA 95354
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 09 / 12	$ 85	Ticket/Dinner **
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Consumer Attorneys Assoc. of Los Angeles
ADDRESS (Business Address Acceptable)
600 West Sixth St. #700, Los Angeles CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorneys - Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 21 / 12	$ 150	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
California Labor Federation
ADDRESS (Business Address Acceptable)
600 Grand Ave,Ste. 410, Oakland, CA 94610
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 12	$ 50	Reception/dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st Street, #200,Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 12	$ 108	Conference Meals
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Equality California
ADDRESS (Business Address Acceptable)
2370 Market St. 2nd Floor, San Francisco, CA 94114
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 12	$ 350	Ticket
/ /	$	
/ /	$	

Comments: * Keynote Speaker at event; ** Speaker at event

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FPPC POLITICAL PRACTICES COMMISSION

Name
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► NAME OF SOURCE *(Not an Acronym)*
Amador County Democratic Central Committee
ADDRESS *(Business Address Acceptable)*
P.O. Box 924, Sutter Creek CA.95686
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 12	$ 55	Dinner*
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Kevin McCarty, Insurance Commissioner, Floride
ADDRESS *(Business Address Acceptable)*
200 East Gaines Street, Tellehessee, FL, 32399
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 12	$ 85	Tie
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Susmen Godfrey, L.L.P/ Jewish Federation
ADDRESS *(Business Address Acceptable)*
1901 Avenue of Stars, Suite 950, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorneys, Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 08 / 12	$ 150	Dinner**
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
USC School of Pharmecy
ADDRESS *(Business Address Acceptable)*
1985 Zonal Avenue, Los Angeles,CA 90089
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 05 / 12	$ 50	Gift Beskel ***
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Cal/Expo/State Fair
ADDRESS *(Business Address Acceptable)*
PO Box 15649, Sacramento,CA 95852
BUSINESS ACTIVITY, IF ANY, OF SOURCE
California State Fair, Organizing Body

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 28 / 12	$ 58	Tickets & parking
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Consumer Attorneys of California
ADDRESS *(Business Address Acceptable)*
770 L Street, Suite 1200, Secramento, CA95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorneys, Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 10 / 12	$ 200	Dinner/Ticket ****
/ /	$	
/ /	$	

Comments: * Keynote Speaker, **The Jewish Federation of Greatar Los Angeles Annual Legal Division Dinner, *** Keynote Speaker, ****Lead Speaker on Penel

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SCHEDULE D
Income – Gifts

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FAIR POLITICAL PRACTICES COMMISSION

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► NAME OF SOURCE *(Not an Acronym)*
Burt & Anite Levinson
ADDRESS *(Business Address Acceptable)*
9401 Wilshire Blvd.,Ste. 1250, Beverly Hills, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 13 / 12	$ 88	Lunch
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California League of Conservation Voters
ADDRESS *(Business Address Acceptable)*
8310 San Vicente Blvd., Suite 425, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501 (c) 4

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 12	$ 50	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The California Museum
ADDRESS *(Business Address Acceptable)*
1020 O Street, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 12	$ 96	Dinner*
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Northern California Carpenters Regional Council
ADDRESS *(Business Address Acceptable)*
265 Hegenberger Road, Ste. 200, Oakland, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 12	$ 50	Luncheon
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Democratic Foundation of Orange County
ADDRESS *(Business Address Acceptable)*
PO Box 26708, Santa Ana, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 12	$ 170	Dinner **
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Michael Martinez
ADDRESS *(Business Address Acceptable)*
300 Capitol Mall, Suite 1700, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 12	$ 94	Tie
/ /	$	
/ /	$	

Comments: *Governor Gray Davis Birthday Roast, ** Accept Award

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Income – Gifts

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Name
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▶ NAME OF SOURCE *(Not an Acronym)*
Adel Zaretsky

ADDRESS *(Business Address Acceptable)*
8225 Wilshire Boulevard, Los Angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 12	$ 90	Snow Globe
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: