

**COVER PAGE**

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FAIR POLITICAL  
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) Gray (FIRST) Adam 12 MAR 14 AM 11:29  
C

**1. Office, Agency, or Court**

Agency Name California State Assembly  
Division, Board, Department, District, if applicable AD 21 Your Position Assembly Candidate

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

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

**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, 2011, through December 31, 2011.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
 The period covered is January 1, 2011, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate:** Election Year 2012 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 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
- None - No reportable interests on any schedule**

5. [Redacted area]

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a true and correct statement.  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/9/12 Signature \_\_\_\_\_  
(month, day, year)

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MAR 09 2012

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

### 1. BUSINESS ENTITY OR TRUST

Name Adam C Gray Consulting  
Address (Business Address Acceptable) 515 W. Main St. #304, Merced, CA

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

#### GENERAL DESCRIPTION OF BUSINESS ACTIVITY

|  |   |
|--|---|
| FAIR MARKET VALUE  | IF APPLICABLE, LIST DATE                              |
| <input type="checkbox"/> \$0 - \$1,999                   | <u>ACQUIRED</u> <u>    </u> / <u>    </u> / <u>11</u> |
| <input type="checkbox"/> \$2,000 - \$10,000              | <u>DISPOSED</u> <u>    </u> / <u>    </u> / <u>11</u> |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 |   |
| <input type="checkbox"/> \$100,001 - \$1,000,000         |   |
| <input type="checkbox"/> Over \$1,000,000                |   |

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Other

YOUR BUSINESS POSITION OWNER

### 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                                | IF APPLICABLE, LIST DATE  |
| <input type="checkbox"/> \$0 - \$1,999           | <u>    </u> / <u>    </u> / <u>11</u> <u>    </u> / <u>    </u> / <u>11</u> |
| <input type="checkbox"/> \$2,000 - \$10,000      | <u>ACQUIRED</u> <u>DISPOSED</u>   |
| <input type="checkbox"/> \$10,001 - \$100,000    |   |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |   |
| <input type="checkbox"/> Over \$1,000,000        |   |

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

|   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$1,001 - \$10,000 |   |

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

|   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$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.)

### 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>    </u> / <u>    </u> / <u>11</u> <u>    </u> / <u>    </u> / <u>11</u> |
| <input type="checkbox"/> \$10,001 - \$100,000    | <u>ACQUIRED</u> <u>DISPOSED</u>   |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |   |
| <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

### 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>    </u> / <u>    </u> / <u>11</u> <u>    </u> / <u>    </u> / <u>11</u> |
| <input type="checkbox"/> \$10,001 - \$100,000    | <u>ACQUIRED</u> <u>DISPOSED</u>   |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |   |
| <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: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name \_\_\_\_\_

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
University of California Merced  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lecturer

YOUR BUSINESS POSITION  
~~\_\_\_\_\_~~ Lecturer

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  
Adam Gray Consulting  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consultant / Advisor

YOUR BUSINESS POSITION  
owner / sole proprietor

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)

CA 95324

**▶ 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: \_\_\_\_\_

**SCHEDULE D  
 Income – Gifts**

▶ NAME OF SOURCE  
Ed Voice

ADDRESS (Business Address Acceptable)  
1107 Ninth Street, Suite 680 Sac, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Education Advocacy

| DATE (mm/dd/yy) | VALUE            | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|------------------------|
| <u>12/13/11</u> | <u>\$ 945.88</u> | <u>Travel/Lodging</u>  |
| ____/____/____  | \$ _____         | _____                  |
| ____/____/____  | \$ _____         | _____                  |

▶ 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) |
|-----------------|----------|------------------------|
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |
| ____/____/____  | \$ _____ | _____                  |

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