

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

A PUBLIC DOCUMENT

T.M. JUN - 3 2013

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gaines Edward "Ted" Moore

1. Office, Agency, or Court

Agency Name
California State Senate
Division, Board, Department, District, if applicable
District 1
Your Position
Senator

► If filling 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, 2012, through December 31, 2012.
- or-
- The period covered is _____ through December 31, 2012.
- Assuming Office: Date assumed _____
- Candidate: Election Year _____ end 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

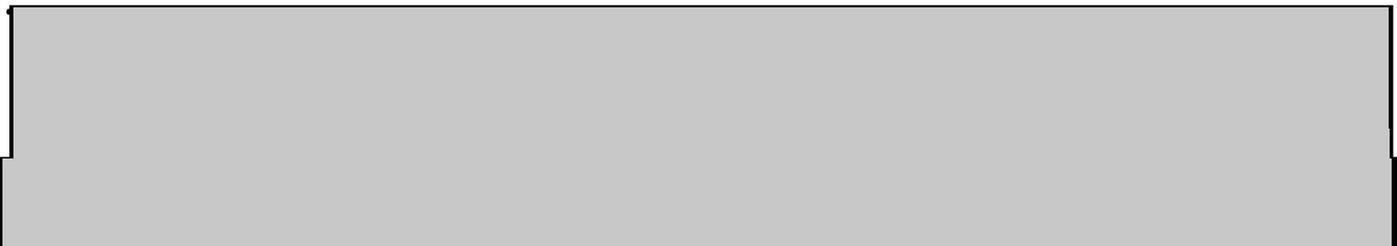
Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- 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



herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 6/3/13
(month, day, year)

Signature

AMENDMENT

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

▶ 1. BUSINESS ENTITY OR TRUST

Gaines Ranch

Name

P.O.Box 151, Butte City, CA 95920

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Farming

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

____/____/12 ____/____/12
ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION 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

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

None

Diamond Walnut Foods

Sunsweet

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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:

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

____/____/12 ____/____/12
ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

- Leasehold _____ Yrs remaining Other Family

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

Comments: Additional Schedule Includes: Fair market value of each parcel owned, 1 parcel owned but omitted by error in previous reporting, and 1 parcel sold in 2010 but omitted by error in prior reporting

Filer's Verification

Print Name Edward "Ted" Gaines

Office, Agency or Court Califomle State Senate

Statement Type 2012/2013 Annual _____ 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 11 (d)(5)

Date Signed

6/3/13
(month, day, year)

Filer's Signature

AMENDMENT TO SCHEDULE A-2

Edward Gaines

Additional Information for the Schedule A-2

2012

GAINES RANCH

ITEM #4

Income: Diamond Walnut
395 Mitchell Road
Modesto, CA

Sunsweet Growers
901 N. Walton Ave.
Yuba City, CA

ITEM #4

APN # 013-311-001-9 Glenn County, Value: \$10,001- \$100,000
013-311-002-9 Glenn County, Value: Over \$100,000
013-312-002-9 Glenn County, Value: Over \$100,000
013-312-003-0 Glenn County, Value: \$1,001- \$10,000
013-312-004-9 Glenn County, Value: \$1,001- \$10,000
013-313-001-9 Glenn County, Value: \$10,001- \$100,000
013-314-001-9 Glenn County, Value: \$10,001- \$100,000
013-314-007-0 Glenn County, Value: \$10,001- \$100,000

013-312-001-9 Glenn County, Value: \$10,001- \$100,000
013-314-005-9 Glenn County, Value: \$10,001- \$100,000

ADDITION FOR 2012 REPORTING

012-120-017-000 Colusa County, Value: Over \$100,000

DELETION FOR 2012 REPORTING

012-120-017-000 Glenn County- SOLD, 2010, Value: \$10,001- \$100,000

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
Hangtown Motocross

ADDRESS (Business Address Acceptable)
P. O. Box 820338, Orangevale, CA 95682

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dirt Diggers North Motorcycle Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 12</u>	<u>\$ 130.00</u>	<u>Event Ticket/Parking</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Filer's Verification

Print Name Edward "Ted" Geines

Office, Agency or Court California State Senate

Statement Type 2012/2013 Annual Assuming Leaving
 (yr) Annual Candidate

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 6/3/13
 (d)(5)

Filer's Signature 

Comments: _____

STATE CAPITOL
ROOM 3070
SACRAMENTO, CA 95814
TEL (916) 651-4001
FAX (916) 324-2680

California State Senate

SENATOR TED GAINES
FIRST SENATE DISTRICT

REPUBLICAN CAUCUS CHAIR



June 3, 2013

COMMITTEES
ENVIRONMENTAL QUALITY
VICE CHAIR
INSURANCE
VICE CHAIR
TRANSPORTATION &
HOUSING
VICE CHAIR
APPROPRIATIONS
PUBLIC EMPLOYMENT &
RETIREMENT

Chairwoman Ann Ravel
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814

Dear Chairwoman Ravel:

Please accept my amendments to my 2012 and 2011 annual FPPC filings. In the attached supplemental schedule to Form A-2 are the value calculations for each parcel for which I have over a 10% interest, as well as a parcel that I have discovered was sold in 2010 but not included in a prior amendment reporting sold parcels, and lastly, a parcel that is a part of our family ranch, but not in the same county as the others, and thus inadvertently left out of prior reporting.

Sincerely,
(d)(5)

TED GAINES
Senator, 1st District

STATEMENT OF ECONOMIC INTERESTS

Date Received
(Print Date)

COVER PAGE



8

Please type or print in ink.

2013 MAR -1

NAME OF FILER (LAST) Edward "Ted" (FIRST) Moore (MIDDLE)

1. Office, Agency, or Court

Agency Name
California State Senete
Division, Board, Department, District, if applicable
District 1
Your Position
State Senator

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, 2012, through December 31, 2012.
-or- The period covered is through December 31, 2012.
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Candidate: Election year and office sought, if different than Part 1:
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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

- 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. Verification

MAILING ADDRESS (d)(5) STREET CITY STATE ZIP CODE

herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/20/13 Signature (d)(5)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest Is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>T. Gaines</u>

▶ NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking/Insurance/Food/Beverage/Carpet

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
 ACQUIRED DISPOSED

Comments: _____

Edward M. "Ted" Gaines

Additional Information for the Schedule A-2
2012

GAINES RANCH
ITEM #4

Income: Diamond Walnut
 395 Mitchell Road
 Modesto, CA

Sunsweet Growers
901 N. Walton Ave.
Yuba City, CA

ITEM #4

APN # 013-311-001-9
 013-311-002-9
 013-312-002-9
 013-312-003-0
 013-312-004-9
 013-313-001-9
 013-314-001-9
 013-314-007-0

 013-312-001-9
 013-314-005-9
 012-120-017-000

**SCHEDULE D
 Income - Gifts**

Name
T. Gaines

▶ NAME OF SOURCE (Not an Acronym)
Mammoth Mountain Inn

ADDRESS (Business Address Acceptable)
10001 Minaret Rd., Mammoth Lakes

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ski Resort

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 05 / 12	\$ 55.37	Hotel Room
01 / 06 / 12	\$ 96.00	Lift Ticket
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Envision Pharmaceutical Services

ADDRESS (Business Address Acceptable)
5140 Robert J Mathews Pkwy #100 El Dorado Hills

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceutical Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 29 / 12	\$ 170.00	Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Klemeth Alliance for Resources & Environment

ADDRESS (Business Address Acceptable)
P.O. Box 1234 Yreka, CA 96097

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 12	\$ 151.00	Dinner and Photobook
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Global Automakers Association

ADDRESS (Business Address Acceptable)
1050 K St, NW, Suite 850, Washington D.C. 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 12	\$ 105.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Chamber of Commerce

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 12	\$ 37.00	Food and Drink
05 / 22 / 12	\$ 32.00	Food and Drink
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Hangtown MXDDNMC

ADDRESS (Business Address Acceptable)
P.O. Box 620338, Orangevale, CA 95662

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 12	\$ 130.00	Event Ticket/Parking
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name

T. Caines

▶ NAME OF SOURCE (Not an Acronym)
El Dorado County Feir

ADDRESS (Business Address Acceptable)
100 Plecerville Dr., Plecerville, CA 95667

BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Feir

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 13 / 12	\$ 180.00	Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Cellfomia Strategies

ADDRESS (Business Address Acceptable)
980 9th Straet, Sulte 20000, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 12	\$ 250.00	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Anheuser Busch Compenies

ADDRESS (Business Address Acceptable)
1201 K Street, Sulte 730, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Brewing Compeny

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 12	\$ 203.00	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
FedEx Corporation

ADDRESS (Business Address Acceptable)
1201 K Street, Sulte 727, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 12	\$ 379.00	Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Larry Brady

ADDRESS (Business Address Acceptable)
408 S Rosemeed Blvd, Ste 201, Pesadene CA 91107

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 02 / 12	\$ 138.00	Fleg
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Association of Celifornia Life and Health Companies

ADDRESS (Business Address Acceptable)
1201 K Street Sulte 1820, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurence

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 12	\$ 75.00	Golf
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name
T. Gaines

▶ NAME OF SOURCE (Not an Acronym)
University of California
 ADDRESS (Business Address Acceptable)
1111 Franklin St., Oakland, CA 94607
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 06 / 12</u>	<u>\$ 360.00</u>	<u>Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Specialty Equipment Market Association
 ADDRESS (Business Address Acceptable)
1575 S. Valley Vista Drive, Diamond Bar, CA 91765
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 31 / 12</u>	<u>\$ 159.00</u>	<u>Association Event</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California International Marathon
 ADDRESS (Business Address Acceptable)
120 Ponderosa Ct., Folsom, CA 95630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 02 / 12</u>	<u>\$ 160.00</u>	<u>Registration Fee</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Jim Steel
 ADDRESS (Business Address Acceptable)
2297 Nolen Drive, Lincoln, CA 95648
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 12</u>	<u>\$ 65.00</u>	<u>Root Beer</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Northstar
 ADDRESS (Business Address Acceptable)
5001 Northstar Drive Truckee, CA 96161
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ski Resort

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 12</u>	<u>\$ 420.00</u>	<u>Lift ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Tahoe Chamber of Commerce
 ADDRESS (Business Address Acceptable)
169 U.S. 50 Stateline, NV 89449
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 15 / 12</u>	<u>\$ 50.00</u>	<u>Chamber Event</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income - Gifts

Name
T. Gaines

▶ NAME OF SOURCE (Not an Acronym)
Plecer County Contractors Association

ADDRESS (Business Address Acceptable)
10656 Industrial Ave, Ste 160, Roseville, CA 95678

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 20 / 12	\$ 65.00	Installation Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Metro Chamber of Commerce

ADDRESS (Business Address Acceptable)
1 Capitol Mall #300 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 12	\$ 175.00	Installation Event
03 / 01 / 12	\$ 30.00	Reception
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Cooperative of American Physicians

ADDRESS (Business Address Acceptable)
333 S. Hope St., 8th Floor, Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 12	\$ 50.00	Food and drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Farmers Insurance

ADDRESS (Business Address Acceptable)
1201 K Street Suite 950, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 12	\$ 268.02	Reception/Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Western Fair Association

ADDRESS (Business Address Acceptable)
1776 Tribute Road, Suite 210, Sacramento CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 19 / 12	\$ 55.00	Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Messachusetts Mutual Life Insurance Co.

ADDRESS (Business Address Acceptable)
1295 State Street, Springfield, MA 01111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 12	\$ 420.00	Golf
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Association of CA Life & Health Insurance Companies
 ADDRESS (Business Address Acceptable)
1201 K Street, Suite 1820
 CITY AND STATE
Secramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 09 / 19 / 12 - 09 / 21 / 12 AMT: \$ 1,311.48
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated In a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated In a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated In a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated In a Panel
 Other - Provide Description

Comments: _____