CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Senate

Division, Board, Department, District, if applicable: District 1

Your Position: State Senator

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

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, 2013, through December 31, 2013.

-or-

The period covered is ____/____/_____, through December 31, 2013.

☐ **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, 2013, 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

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

Date Signed 2/27/14 *(month, day, year)* **Signature**

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**
FAIR POLITICAL PRACTICES COMMISSION

Name
Edward Gaines

▶ NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS
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:
___/___/ 13 ___/___/ 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
___/___/ 13 ___/___/ 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
___/___/ 13 ___/___/ 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
___/___/ 13 ___/___/ 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
___/___/ 13 ___/___/ 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
___/___/ 13 ___/___/ 13
ACQUIRED DISPOSED

Comments: _____

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: Ted Gaines

---

1. BUSINESS ENTITY OR TRUST

Name: Gaines Ranch

Address (Business Address Acceptable): P.O. Box 151, Butte City, CA 95920

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

GENERAL DESCRIPTION OF THIS BUSINESS: Farming

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☑ Over $1,000,000

IF APPLICABLE, LIST DATE: ___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT: ☑ Partnership ☐ Sole Proprietorship ☐ _____ 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
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

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

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

IF APPLICABLE, LIST DATE: ___/___/13 ACQUIRED ___/___/13 DISPOSED

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

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1. BUSINESS ENTITY OR TRUST

Name: Gaines Insurance

Address (Business Address Acceptable): 2260 Lava Ridge Court, Roseville, CA 95661

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

GENERAL DESCRIPTION OF THIS BUSINESS: Insurance

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: ___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☑ Corporation Other

YOUR BUSINESS POSITION: President

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

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☑ OVER $100,000

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

☐ None

KLS Air Express, Blue Lake Springs Mutual Water Co., DLS of Sacramento, Capitol Iron Works, Rod Read & Sons, Inc., Sunset View Cemetery Assoc.

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

IF APPLICABLE, LIST DATE: ___/___/13 ACQUIRED ___/___/13 DISPOSED

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

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Comments: Additional schedule: fair market value of Ranch parcels

AMENDMENT TO SCHEDULE A-2

Edward Gaines

Additional Information for the Schedule A-2

2013

GAINES RANCH
ITEM #4

Income: Diamond Walnut
395 Mitchell Road
Modesto, 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:	$10,001- $100,000
	013-312-004-9	Glenn County, Value:	$10,001- $100,000
	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
	012-120-017-000	Colusa County, Value:	Over $100,000

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ted Gaines

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3400 Emerson Drive

CITY
Roseville

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

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

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.
- ☐ None

Lauri Poretti

Dave & Ashley Higgins

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

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.
- ☐ None

* 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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/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
Edward Gaines

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Gaines Insurance

ADDRESS *(Business Address Acceptable)*
2260 Lava Ridge Court, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

YOUR BUSINESS POSITION
Vice-President

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
California State Assembly

ADDRESS *(Business Address Acceptable)*
CA State Capitol, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative

YOUR BUSINESS POSITION
Assembly Member

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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted Gaines

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Sacramento MetroChamber
ADDRESS *(Business Address Acceptable)*: One Capitol Mall, Suite 300, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/08/13	$175.00	Chamber Installation
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Steinberg for Senate 2010 Committee
ADDRESS *(Business Address Acceptable)*: 555 Capitol Mall, Suite 1450, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/05/13	$64.00	Senate Policy Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Town Center East LP
ADDRESS *(Business Address Acceptable)*: 4364 Town Center Blvd, Ste. 212 El Dorado Hills, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/12/13	$95.53	Welcome flowers
11/16/13	$42.00	Holiday gift
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California State Protocol Foundation
ADDRESS *(Business Address Acceptable)*: 11355 West Olympic Bld., Los Angeles, CA 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE: International Relations Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/06/13	$80.50	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Sacramento Kings
ADDRESS *(Business Address Acceptable)*: Sleep Train Arena, One Sports Parkway, Sacramento
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sports

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/29/13	$336.74	Kings paraphernalia
05/23/13	$10.00	Kings Rally Event
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Big Wake Weekend
ADDRESS *(Business Address Acceptable)*: 9300 McCourtney Road, Lincoln, CA 95648
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sporting Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/01/13	$115.00	Event ticket/hat
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted Gaines

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Serrano Associates
ADDRESS *(Business Address Acceptable)*
4525 Serrano Parkway, El Dorado Hills, CA 95762
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 21 / 13	$ 60.00	CASA Event ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Pacific Life Insurance Company
ADDRESS *(Business Address Acceptable)*
700 Newport Center Drive, Newport Beach, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 25 / 13	$ 310.01	Golf / lunch
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Association of California Insurance Companies
ADDRESS *(Business Address Acceptable)*
1415 L Street, Suite 670, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 13	$ 290.00	Golf
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Westpark Communities
ADDRESS *(Business Address Acceptable)*
1420 Rocky Ridge Drive, Suite 265, Roseville, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Development Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 02 / 13	$ 150.00	University event ticket
/ /	$	
/ /	$	

► 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)
11 / 06 / 13	$ 130.00	Association event
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California International Relations Foundation
ADDRESS *(Business Address Acceptable)*
1020 N Street, Suite 516, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
International Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 11 / 13	$ 107.37	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted Gaines

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: El Dorado County Chamber of Commerce
ADDRESS *(Business Address Acceptable)*: 542 Main St. Placerville, CA 95667
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/12/13	$ 55.00	Chamber Installation
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Tahoe Chamber
ADDRESS *(Business Address Acceptable)*: P.O. Box 17181, South Lake Tahoe, CA 96151
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/14/13	$ 50.00	Chamber Event
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: TriCal
ADDRESS *(Business Address Acceptable)*: P.O. Box 3014, Sacramento, CA 95812
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/14/13	$ 440.00	Flight for district tour
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Morongo Band of Mission Indians
ADDRESS *(Business Address Acceptable)*: 12700 Pumarra Road, Banning, CA 92200
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/05/13	$ 227.61	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Nations Indian Gaming Association
ADDRESS *(Business Address Acceptable)*: 2150 River Plaza Drive, Suite 120, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/05/13	$ 200.00	Conference fee
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Ted Gaines

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

- **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)*
CA Foundation on the Environment and the Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202,
CITY AND STATE
San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 02/07/13 - 02/08/13 *(If gift)* AMT: $399.68

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
Canadian Government
ADDRESS *(Business Address Acceptable)*
580 California Street, Suite 1400
CITY AND STATE
San Francisco, CA 94104
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Government

DATE(S): 09/15/13 - 09/19/13 *(If gift)* AMT: $979.27

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
CalChamber
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1400
CITY AND STATE
Sacramento, Ca 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Chamber of Commerce

DATE(S): 10/16/13 - 10/17/13 *(If gift)* AMT: $492.71

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ 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
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Association

DATE(S): 09/25/13 - 09/27/13 *(If gift)* AMT: $1,187.02

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Ted Caines

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

- **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)*
Independent Insurance Agents & Brokers of California
ADDRESS *(Business Address Acceptable)*
7041 Koll Center Parkway, Suite 290
CITY AND STATE
Pleasanton, CA 94566
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 10/24/13 - 10/26/13 *(If gift)* AMT: $ 859.21

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): __/__/__ - __/__/__ *(If gift)* AMT: $

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): __/__/__ - __/__/__ *(If gift)* AMT: $

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): __/__/__ - __/__/__ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: