

2015 FEB 30 AM 11:44

Please type or print in ink.

RM

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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. (Do not use acronyms)

Agency: California Earthquake Authority

Position: Governing Board Member

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

State

Judge or Court Commissioner (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, 2014, through December 31, 2014.

Leaving Office: Date Left \_\_\_\_\_ (Check one)

-or-

The period covered is \_\_\_\_\_ through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_\_

The period covered is \_\_\_\_\_ through the date of leaving office.

Candidate: Election year \_\_\_\_\_ and 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

[Redacted Signature Area]

I certify that

(c)(1)

California that

Date Signed

Signature

**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, 17th Floor, Sacramento, CA 95814

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

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      TERM (Months/Years)

\_\_\_\_\_ %     None

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

**SCHEDULE D  
Income – Gifts**

Name

Dave Jones

▶ NAME OF SOURCE (Not an Acronym)  
National Association of Insurance Commissioners

ADDRESS (Business Address Acceptable)  
1100 Walnut Street, Kansas City, CA MO, 64108

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 14	\$ 320.00	chip bowl, hats, towels
11 / 19 / 14	\$ 39.00	portfolio, pens, charger
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
California Labor Federation

ADDRESS (Business Address Acceptable)  
1127 11th Street, Suite 425, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 14	\$ 120.00	2 tickets/labor 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 Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 107.26	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
NBC Universal

ADDRESS (Business Address Acceptable)  
100 Universal City Plaza, Universal City, CA 91608

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Entertainment Corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 14	\$ 136.00	Tkt Universal Orlando
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Valley Industry & Commerce Association

ADDRESS (Business Address Acceptable)  
5121 Van Nuys, Bl, #203, Sherman Oaks, CA 91403

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 14	\$ 137.00	Annual State Office
___ / ___ / ___	\$ _____	Holdrs Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
San Francisco Labor Council

ADDRESS (Business Address Acceptable)  
1188 Franklin Street, Suite 203, San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 14	\$ 250.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D**  
**Income – Gifts**

Name  
Dave Jones

▶ NAME OF SOURCE (Not an Acronym)  
California Exposition & State Fair  
 ADDRESS (Business Address Acceptable)  
PO Box 15649, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
California State Fair, Organizing Body

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 28 / 14</u>	<u>\$ 81.96</u>	<u>4 Fair + Concert tkts</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Goldman School of Public Policy  
 ADDRESS (Business Address Acceptable)  
2607 Hearst Ave, University of California, Berkeley  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Graduate School

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 01 / 14</u>	<u>\$ 80.00</u>	<u>Reception &amp; Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
California Foundation for Commerce & Education\*  
 ADDRESS (Business Address Acceptable)  
1215 K Street, Ste. 1400, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501 (c) (3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 26 / 14</u>	<u>\$ 234.72</u>	<u>Lunch</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
3 Plus Logistics Group  
 ADDRESS (Business Address Acceptable)  
20250 S. Alameda St., Rancho Dominguez, CA 90221  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Transportation company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 09 / 14</u>	<u>\$ 123.00</u>	<u>2 bottles of wine</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Hines & Sterling American Property  
 ADDRESS (Business Address Acceptable)  
300 Capitol Mall, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Property Management Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 14</u>	<u>\$ 73.90</u>	<u>Plant</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Northern CA Carpenters Regional Council  
 ADDRESS (Business Address Acceptable)  
265 Hegenberger Road, #200, Oakland, CA 94621  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 14</u>	<u>\$ 50.00</u>	<u>Lunch/Moose Feed</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

Comments: \* State Luncheon in honor of His Excellency Enrique Pena Nieto

**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <b>Dave Jones</b>
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▶ **NAME OF SOURCE (Not an Acronym)**  
**Dr.Doreen Granpeesheh**

ADDRESS (Business Address Acceptable)  
**19019 Ventura Blvd., Ste 300, Tazana, CA 91356**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 14	\$ 52.46	Book
	\$	
	\$	

▶ **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)**  
**Counsel General Of Japan**

ADDRESS (Business Address Acceptable)  
**275 Battery Street, San Francisco, CA 94111**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 14	\$ 50.00	Calendar
	\$	
	\$	

▶ **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: \_\_\_\_\_