CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED MAR 02 2015 By

Date Initial Filing Received
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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Gray	Adam	Channing

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 MAR -2 PM 3:17

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
The State of California

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

Your Position: Assemblymember

► 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)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **Annual:** The period covered is January 1, 2014, through December 31, 2014.
  -or-
  The period covered is ___/___/_____, through December 31, 2014.
- [ ] **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, 2014, 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:*** 7

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

-or-

- [ ] **None** - *No reportable interests on any schedule*

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

Date Signed 02-02-15
(month, day, year)

Signatur

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
Adam C. Gray

1. BUSINESS ENTITY OR TRUST

Name: Cadee Condit Gray

Address (Business Address Acceptable): 207 E. 21st Street Merced, CA 95340

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

GENERAL DESCRIPTION OF THIS BUSINESS: Contracted Media Consulting

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:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION: Spouse is owner

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 or ☑ Names listed below

Independent Voter Network

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:
___/___/14 ACQUIRED ___/___/14 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

---

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 THIS BUSINESS

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:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION

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 or ☐ Names listed below

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Name of Business Entity, if Investment, or
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Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 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

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Adam C. Gray

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Marc Levine Ballot Issue Committee
ADDRESS *(Business Address Acceptable)*: P. O. Box 150084 San Rafael, CA 94915
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Ballot Measure Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 14	$ 214.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Independent Voter Project
ADDRESS *(Business Address Acceptable)*: 101 West Broadway, Suite 101 San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Public Policy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 14	$ 239.00	Food & Conference
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Rural County Representative of California
ADDRESS *(Business Address Acceptable)*: 1215 K Street, Suite 1650
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 14	$ 58.16	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: CA Correctional Peace Officers Association
ADDRESS *(Business Address Acceptable)*: 1415 L Street, Suite 410 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 11 / 14	$ 440.00	Gov. Cup (golf)
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Western Plant Health Association
ADDRESS *(Business Address Acceptable)*: 4460 Duckhorn Drive, Suite A Sacramento, CA 95834
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 14	$ 246.64	Dinner & Reusable Bag
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Governor's Cup Foundation, Inc.
ADDRESS *(Business Address Acceptable)*: 755 Riveroint Drive, West Sacramento, CA 95605
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Public Policy Organizaion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 11 / 14	$ 440.00	Gov. Cup (golf)
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Adam C. Gray

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Crime Victim's United
ADDRESS *(Business Address Acceptable)*
11400 Atwood Road, Auburn, CA 95603
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Crime Victim Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 11 / 14	$ 74.00	Gov's Cup (golf balls)
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Association of CA Life & Health Insurance Companies
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 1820 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Policy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 14	$ 282.77	Conference Banquet
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Sea World
ADDRESS *(Business Address Acceptable)*
500 Sea World Drive, San Diego, CA 92109
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Family Entertainment Theme Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 14	$ 339.00	Park Visit & Food
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 06 / 14	$ 73.63	Policy Conference
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Foundation for Commerce and Education
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1400 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 27 / 14	$ 234.73	Luncheon
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Western State Petroleum Association
ADDRESS *(Business Address Acceptable)*
1415 L Street, Suite 1200 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 14	$ 146.90	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Adam C. Gray

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
CA Manufacturers & Technology Association
ADDRESS *(Business Address Acceptable)*
1115 Eleventh Street Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 14	$ 146.90	Dinner
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Adam C. Gray

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 Voter Project
ADDRESS *(Business Address Acceptable)*
101 West Broadway, Suite 1460
CITY AND STATE
San Diego, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy Organization
DATE(S): 03 / 13 / 14 - 03 / 14 / 14 *(If gift)* AMT: $ 403.56
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Participated in Policy Conference

► NAME OF SOURCE *(Not an Acronym)*
The Future Talent of Silicon Valley
ADDRESS *(Business Address Acceptable)*
1922 The Alameda, Suite 410
CITY AND STATE
San Jose, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy Organization
DATE(S) 07 / 13 / 14 - 07 / 14 / 14 *(If gift)* AMT: $ 110.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Participated in Leadership Conference

► NAME OF SOURCE *(Not an Acronym)*
CA Correctional Peace Officers
ADDRESS *(Business Address Acceptable)*
1415 L Street, Suite 410
CITY AND STATE
Sacramento, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Peace Officer Advocacy
DATE(S): 07 / 11 / 14 - 07 / 12 / 14 *(If gift)* AMT: $ 1,573.10
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Participated in Policy Conference

► NAME OF SOURCE *(Not an Acronym)*
Sycuan Band of Kumeyaay Nation
ADDRESS *(Business Address Acceptable)*
1 Kwaypaay Court
CITY AND STATE
El Cajon, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Native American Advocacy
DATE(S): 07 / 16 / 14 - 07 / 17 / 14 *(If gift)* AMT: $ 110.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Educational Trip

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Adam C. Gray

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)*
Association of CA Life & Health Insurance Companies
ADDRESS *(Business Address Acceptable)*
1201 K Street, Suite 1820
CITY AND STATE
Sacramento, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Policy Advocacy
DATE(S): 10/01/14 - 10/03/14 *(If gift)* AMT: $1,105.90
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Participated in Leadership Conference

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
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)*
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
101 West Broadway, Suite 1460
CITY AND STATE
San Diego, CA
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy Organization
DATE(S): 11/16/14 - 11/20/14 *(If gift)* AMT: $2,056.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Participated in multiple day Public Policy Conference

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): / / - / / *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95811

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 14	$ 68	food and drink
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Adam Gray

Office, Agency or Court California State Assembly

Statement Type ☒ 2014/2015 Annual ☐ Assuming ☐ Leaving ☐ ____ Annual (yr) ☐ 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 04/24/2015

(c)(1)

Filer's Signatu

Comments: