

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
Official Use Only

COVER PAGE

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION

MAR 2 2015

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, 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: \_\_\_\_\_

- 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

MAILING ADDRESS STREET CITY STATE ZIP CODE

Date Signed 3/2/15 Signature \_\_\_\_\_  
(month, day, year)

**SCHEDULE A-1  
Investments**

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

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
T. 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:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

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



AMENDEMENT TO SCHEDULE A-2

Edward Gaines

**Additional Information for the Schedule A – 2  
2014**

**Gaines Ranch  
Item #4**

Income: Diamond Walnut  
395 Mitchell Road  
Modesto, CA

**Item#4**

APN# 013-311-001-9 Glenn County, Value: \$ 10,000-\$ 100,000  
013-311-002-9 Glenn County, Value: Over \$ 100,000  
013-312-003-9 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: Over \$ 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: Over \$ 100,000  
013-312-005-9 Glenn County, Value: Over \$ 100,000  
  
012-120-017-000 Colusa County, Value: Over \$ 100,000

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
T. Gaines

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

CITY  
Roseville

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_ / 14  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

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      TERM (Months/Years)  
 \_\_\_\_\_ %       None      \_\_\_\_\_

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      TERM (Months/Years)  
 \_\_\_\_\_ %       None      \_\_\_\_\_

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)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name T. 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  
 (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  
 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  
 (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 \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
 (Describe)

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 T. Gaines

▶ NAME OF SOURCE (Not an Acronym)  
 El Dorado Hills Chamber of Commerce

ADDRESS (Business Address Acceptable)  
 542 Main Street Placerville CA 95667

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	\$ 65.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)  
 747 Auditorium Drive Redding CA 96001

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 14	\$ 120.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Folsom Tourism Bureau

ADDRESS (Business Address Acceptable)  
 200 Wool Street Folsom CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Tourism

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	\$ 80.00	Dinner
02 / 26 / 14	\$ 40.00	Picture/Frame
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Squaw Valley Ski Resort

ADDRESS (Business Address Acceptable)  
 1960 Squaw Valley Road Olympic Valley CA 96146

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Ski Resort

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 22 / 14	\$ 228.00	Lift Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 California Association of Collectors

ADDRESS (Business Address Acceptable)  
 1455 Response Road Ste 240 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 14	\$ 40.44	Dinner
04 / 07 / 14	\$ 200.73	Award/Gift
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 United State Conference of Mayors

ADDRESS (Business Address Acceptable)  
 1620 Eye Street Northwest, Washington DC 20006

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 16 / 14	\$ 21.00	Kings' Game
04 / 16 / 14	\$ 84.14	Lunch/Reception
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D**  
**Income – Gifts**

Name  
T. Gaines

▶ NAME OF SOURCE (Not an Acronym)  
Sempra Energy  
ADDRESS (Business Address Acceptable)  
101 Ash Street San Diego CA 92101  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 21 / 14</u>	<u>\$ 72.95</u>	<u>Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Susan Brownridge  
ADDRESS (Business Address Acceptable)  
3089 Laurel Drive Sacramento CA 95864  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 26 / 14</u>	<u>\$ 100.00</u>	<u>Fundraiser</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Dirt Diggers North Motorcycle Club of Sacramento  
ADDRESS (Business Address Acceptable)  
13300 White Rock Road Rancho Cordova CA 95742  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Motorcross

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 31 / 14</u>	<u>\$ 80.00</u>	<u>Tickets</u>
<u>05 / 31 / 14</u>	<u>\$ 20.00</u>	<u>Banner and Plaque</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
California State Fair  
ADDRESS (Business Address Acceptable)  
1600 Exposition Blvd Sacramento CA 95815  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Tourism

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 17 / 14</u>	<u>\$ 178.00</u>	<u>Tickets/Parking</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Placer Nevada County Medical Society  
ADDRESS (Business Address Acceptable)  
1633 Star Drive #2 Yuba City CA 95993  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Society

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 12 / 14</u>	<u>\$ 99.00</u>	<u>Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 06 / 14</u>	<u>\$ 245.00</u>	<u>Hotel Room</u>
<u>11 / 06 / 14</u>	<u>\$ 61.00</u>	<u>Dinner</u>
<u>11 / 07 / 14</u>	<u>\$ 4.00</u>	<u>Picture</u>

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

**SCHEDULE D**  
**Income – Gifts**

Name \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Consulate General of Canada  
 ADDRESS (Business Address Acceptable)  
580 California Street San Francisco CA 94104  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 14</u>	<u>\$ 104.39</u>	<u>Dinner</u>
<u>11 / 19 / 14</u>	<u>\$ 237.43</u>	<u>Conference</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
City of South Lake Tahoe Star Camps  
 ADDRESS (Business Address Acceptable)  
3050 Lake Tahoe Blvd South Lake Tahoe CA 96150  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Recreational Camp

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 14</u>	<u>\$ 150.00</u>	<u>Picture/Frame</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Redding Friends of the NRA  
 ADDRESS (Business Address Acceptable)  
11250 Waples Mill Road Fairfax, VA 94104  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
The NRA Foundation INC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 09 / 14</u>	<u>\$ 150.00</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
DCA Partners  
 ADDRESS (Business Address Acceptable)  
3721 Douglas Blvd Sulte 350 Roseville CA 95661  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Partners

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 14</u>	<u>\$ 50.00</u>	<u>Dinner</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>

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

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

Name  
 T. Gaines

- 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 California Life and Health Insurance CO

ADDRESS (Business Address Acceptable)  
 1201 K Street Suite 1820

CITY AND STATE  
 Sacramento CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Association

DATE(S): 10 / 01 / 14 - 10 / 03 / 14 AMT: \$ 1,496.75  
(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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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