

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

Date Initial Filing Received  
Official Use Only

MAR 2 2015  
RD

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
McGuire Mike T

18

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California State Senate

Division, Board, Department, District, if applicable

Second District

Your Position

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 \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2015 MAR - 2 PM 5:20

**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.

- 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.

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

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: 5

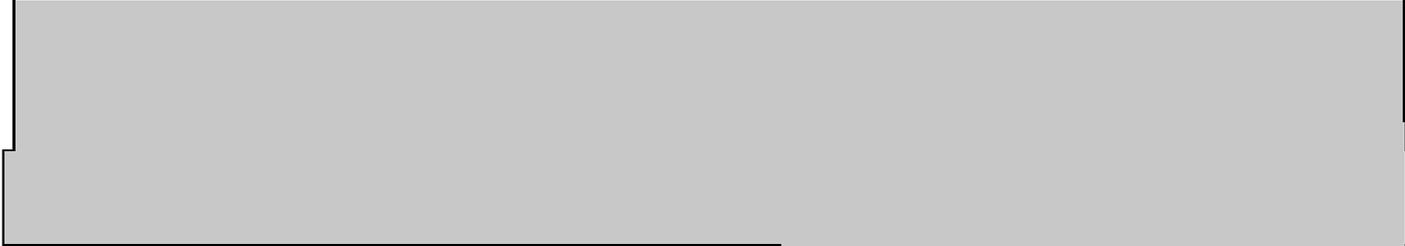
- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel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

-or-

None - No reportable interests on any schedule

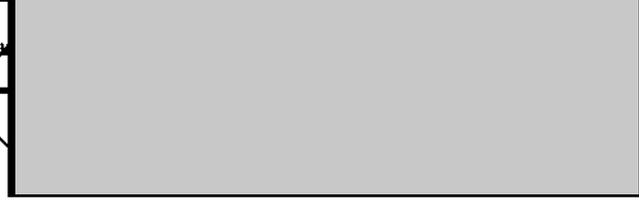
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed March 2, 2015  
(month, day, year)

Signature



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

Name  
Mike McGuire

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
426 North Street, #14

CITY  
Healdsburg

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /14      DISPOSED     /    /14

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  
Amanda Beeler

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /14      DISPOSED     /    /14

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 D  
Income – Gifts**

Name  
Mike McGuire

▶ NAME OF SOURCE (Not an Acronym)  
Tito Sasaki

ADDRESS (Business Address Acceptable)  
P.O. Box 200, Vineberg, CA 95487

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Farmer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 01 / 14</u>	<u>\$ 95</u>	<u>Crab Feed Tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Les Perry

ADDRESS (Business Address Acceptable)  
438 1st Street, Santa Rosa, CA 95401

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 28 / 14</u>	<u>\$ 200</u>	<u>Fair Dinner Tickets (2)</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Jane Doroff

ADDRESS (Business Address Acceptable)  
506 Hillside Drive, Cloverdale, CA 95425

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Healthcare professional

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 14</u>	<u>\$ 300</u>	<u>Derby Day Tickets (2)</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
David Rabbitt

ADDRESS (Business Address Acceptable)  
575 Administration Drive, Santa Rosa, CA 95403

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 24 / 14</u>	<u>\$ 75</u>	<u>Parting Gift Certificat</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Shirlee Zane

ADDRESS (Business Address Acceptable)  
575 Administration Drive, Santa Rosa, CA 95403

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 24 / 14</u>	<u>\$ 75</u>	<u>Parting Gift Certificate</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Efren Carrillo

ADDRESS (Business Address Acceptable)  
575 Administration Drive, Santa Rosa, CA 95403

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 24 / 14</u>	<u>\$ 75</u>	<u>Parting Gift Certificate</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

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

**SCHEDULE D  
 Income – Gifts**

Name  
Mike McGuire

▶ NAME OF SOURCE (Not an Acronym)  
Susan Gorin  
 ADDRESS (Business Address Acceptable)  
575 Administration Drive, Santa Rosa, CA 95403  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 24 / 14</u>	<u>\$ 75</u>	<u>Parting Gift Certificate</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Veronica Ferguson  
 ADDRESS (Business Address Acceptable)  
575 Administration Drive, Santa Rosa, CA 95403  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Chief Administrative Officer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 24 / 14</u>	<u>\$ 75</u>	<u>Parting Gift Certificate</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ 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  
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 06 / 14</u>	<u>\$ 68.45</u>	<u>Lunch Meeting</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Kevin de Leon for Senate, 2014  
 ADDRESS (Business Address Acceptable)  
777 S. Figueroa Street, #4050, LA, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
State Senate Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 30 / 14</u>	<u>\$ 235.66</u>	<u>Dinner meeting</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Shirlee Zane  
 ADDRESS (Business Address Acceptable)  
575 Administration Drive, Santa Rosa, CA 95403  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 24 / 14</u>	<u>\$ 75</u>	<u>Parting Gift Certificate</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Efren Carrillo  
 ADDRESS (Business Address Acceptable)  
575 Administration Drive, Santa Rosa, CA 95403  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 24 / 14</u>	<u>\$ 75</u>	<u>Parting Gift Certificate</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

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