CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Gray	Adam	C

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

State Assembly

Division, Board, Department, District, if applicable

District 21

Your Position

Assembly Member

► 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
- [ ] Judge, Retired Judge, Pro Tem 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, **2021,** through December 31, **2021**.

  -or-

  The period covered is ____/____/____, through December 31, **2021**.
- [ ] **Assuming Office:** Date assumed ____/____/____
- [x] **Leaving Office:** Date Left 12 / 05 / 2022 *(Check one circle.)*

  ◯ The period covered is January 1, **2021**, through the date of leaving office.

  -or-

  ⊗ The period covered is 01 / 01 / 2022, through the date of leaving office.
- [ ] **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 5

Schedules attached

- [ ] **Schedule A-1 -** *Investments* – schedule attached
- [x] **Schedule A-2 -** *Investments* – schedule attached
- [ ] **Schedule B -** *Real Property* – schedule attached
- [x] **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*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
[redacted]				

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	[redacted]

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/04/2023 09:44 PM *(month, day, year)*

Signature [redacted] *(File the originally signed paper statement with your filing official.)*

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 Gray

▶ 1. BUSINESS ENTITY OR TRUST

Adam Marvulli Gray LLC
Name
1005 East Childs Avenue, Suite A, Merced, CA
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate

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:
01 / 27 / 22 ACQUIRED
___/___/22 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ LLC (Other)

YOUR BUSINESS POSITION Member

▶ 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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☒ INVESTMENT ☐ REAL PROPERTY

Gemenii LLC
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Real Estate
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:
05 / 19 / 22 ACQUIRED
___/___/22 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☒ Other Part Ownership in LLC

☐ Check box if additional schedules reporting investments or real property are attached

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▶ 1. BUSINESS ENTITY OR TRUST

Gemenii LLC
Name
1005 East Childs Avenue, Suite A, Merced, CA
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate

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:
05 / 19 / 22 ACQUIRED
___/___/22 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ LLC (Other)

YOUR BUSINESS POSITION Ownership Interest

▶ 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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

051-030-007-000
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Atwater, CA
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:
08 / 01 / 22 ACQUIRED
___/___/22 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: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Adam Gray

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Adam Marvulli Gray LLC

ADDRESS *(Business Address Acceptable)*: 1005 East Childs Avenue, Suite A, Merced, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate

YOUR BUSINESS POSITION: Member

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $10,001 - $100,000
- ☒ No Income - Business Position Only
- ☐ $1,001 - $10,000
- ☐ 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 business position only - no income *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Gemenii LLC

ADDRESS *(Business Address Acceptable)*: 1005 East Childs Avenue, Suite A, Merced, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate

YOUR BUSINESS POSITION: Partial Owner

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $10,001 - $100,000
- ☒ No Income - Business Position Only
- ☐ $1,001 - $10,000
- ☐ 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 business position only - no income *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Adam Gray

► NAME OF SOURCE *(Not an Acronym)*
Del Mar Thoroughbred Club
ADDRESS *(Business Address Acceptable)*
P.O. Box 700, Del Mar, CA 92104
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Thoroughbred Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/02/22	$193.83	Meal
/ /	$	
/ /	$	

► 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)*
Reyes Holdings, LLC
ADDRESS *(Business Address Acceptable)*
3000 El Camino Real, Suite 200, Palo Alto, CA 94306
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foodservice Wholesaler and Distributor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/17/22	$95.24	Meal
/ /	$	
/ /	$	

► 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)*
Rendon for Assembly 2022
ADDRESS *(Business Address Acceptable)*
1787 Tribute Road, Suite K, Sacramento, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/31/22	$66.69	CA Asm. Souvenir
/ /	$	
/ /	$	

► 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 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*
American Pistachio Growers
ADDRESS *(Business Address Acceptable)*
9 River Park East, Suite 410
CITY AND STATE
Fresno, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agricultural Association
DATE(S): 03/01/22 - 03/02/22 *(If gift)* AMT: $ 414.00
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Carlsbad, CA

► NAME OF SOURCE *(Not an Acronym)*
California Partnership for Health
ADDRESS *(Business Address Acceptable)*
730 North I Street
CITY AND STATE
Madera, CA
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Organization
DATE(S): 06/09/22 - 06/10/22 *(If gift)* AMT: $ 990.73
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Lake Tahoe

► NAME OF SOURCE *(Not an Acronym)*
California Problem Solvers Foundation
ADDRESS *(Business Address Acceptable)*
1121 L Street, Suite 105
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Organization
DATE(S): 04/28/22 - 04/30/22 *(If gift)* AMT: $ 1,116.20
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Sonoma

► 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: $
► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination

Comments: