

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Adams Mary Lucille

1. Office, Agency, or Court

RECEIVED
MONTEREY COUNTY

APR - 3 2023

Agency Name (Do not use acronyms)
County of Monterey
Division, Board, Department, District, if applicable

Your Position

Supervisor

CLERK OF THE BOARD

DEPUTY

Emmanuel H. Santos
EMMANUEL H. SANTOS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST Position:

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

- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of Monterey
- Other _____

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

- Annual: The period covered is January 1, 2022, through December 31, 2022.
- or-
- The period covered is ____/____/____, through December 31, 2022.
- Assuming Office: Date assumed ____/____/____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 9

Schedules attached

- 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
(Business or Agency Address Recommended - Public Document)
1200 Aguajito Road, Suite #100, District 5 Monterey CA 93940-4834
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(831) 647-7755 district5@co.monterey.ca.us

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 03/27/2023 01:16 PM
(month, day, year)

Signature *Mary Lucille Adams*
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
 Mary Adams

RECEIVED
 EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Monterey Bay Area Governments		Board of Directors	Multi-county Monterey, San Benito, Santa Cruz	Annual	01/01/22 - 12/31/22
Central Coast Community Energy		Member, Policy Board of Directors	Multi-county Santa Cruz, Monterey, and San Benito	Annual	01/01/22 - 12/31/22

Board/Committee:	Position:
Board of Supervisors, County of Monterey 168 W. Alisal Street, First Floor, Salinas, CA 93901	2022 Chair
Alternative Energy & Environment Committee, County of Monterey 168 W. Alisal Street, Salinas, CA 93901	Vice-Chair
Cannabis Standing Committee, County of Monterey 168 W. Alisal Street, Salinas, CA 93901	Member
Capital Improvement Committee, County of Monterey (standing committee) 168 W. Alisal Street, Salinas, CA 93901	Member
Carmel Valley Road Advisory Committee 1441 Schilling Place, Salinas, CA 93901	Chair
COVID-19 Hospitality Ad Hoc Committee 168 W. Alisal Street, Salinas, CA 93901	Member
Economic Opportunity Committee, County of Monterey (standing committee) 168 W. Alisal Street, Salinas, CA 93901	Member
Emergency Medical Services Committee 1441 Schilling Place, Salinas, CA 93901	Member
Fire & Emergency Medical Services Ad Hoc Committee 1441 Schilling Place, Salinas, CA 93901	Member
Association of Monterey Bay Area Governments (AMBAG) 24580 Silver Cloud Court, Monterey, CA 93940	Board of Directors
Big Sur Multi-Agency Council (BSMAAC) 1200 Aguajito Road, Suite #1, Monterey, CA 93940	Co-Chair
Central Coast Community Energy (3CE) 70 Garden Court, Suite #300, Monterey, CA 93940	Board Member
Monterey County Convention & Visitors Bureau (MCCVB) 787 Munras Avenue, Monterey, CA 93940	Board of Directors
/////	
/////	

Board/Committee:

Position:

Monterey Peninsula Water Management District 5 Harris Court, Building G, Monterey, CA 93940	Co-Chair, Board of Directors	
	Policy Advisory Committee	Member
	Monterey Peninsula Water Supply Project Governance Committee	Member
Remote Access Network Board 1441 Natividad Road, Salinas, CA 93901	Member	
Seaside Groundwater Basin Watermaster Post Office Box 51502, Pacific Grove, CA 93950	Alternate	
Transportation Agency for Monterey County (TAMC) 55 Plaza Circle, Suite B, Salinas, CA 93901	2022 Chair, County Rep, District 5	
Local Agency Formation Commission of Monterey County (LAFCO) 132 W. Gabilan Street, Suite #102, Salinas, CA 93901	Alternate	

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Mary Adams

NAME OF BUSINESS ENTITY: Apple, Inc.
GENERAL DESCRIPTION OF THIS BUSINESS: Stock
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED: / / 22, DISPOSED: / / 22

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: ACQUIRED: / / 22, DISPOSED: / / 22

NAME OF BUSINESS ENTITY: First Capital Bank
GENERAL DESCRIPTION OF THIS BUSINESS: Stock
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED: / / 22, DISPOSED: / / 22

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: ACQUIRED: / / 22, DISPOSED: / / 22

NAME OF BUSINESS ENTITY: McGraw Hill
GENERAL DESCRIPTION OF THIS BUSINESS: Stock
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED: / / 22, DISPOSED: / / 22

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: ACQUIRED: / / 22, DISPOSED: / / 22

Comments:

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name
Mary Adams

▶ 1. BUSINESS ENTITY OR TRUST

Bypass Trust

Name
John Bailey & Mary L. Adams Living Trust

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	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/22	____/____/22
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input checked="" type="checkbox"/> \$1,001 - \$10,000	

▶ 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

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	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22	____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/22	____/____/22
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 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

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	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22	____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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 <p align="center">Mary Adams</p>

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 County of Monterey

ADDRESS (Business Address Acceptable)
 168 W. Alisal Street, Salinas, CA 93940

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Supervisor, District 5

GROSS INCOME RECEIVED No Income - Business Position Only
 \$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 No Income - Business Position Only
 \$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 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

Name

Mary Adams

▶ NAME OF SOURCE *(Not an Acronym)*
Ag Land Trust
 ADDRESS *(Business Address Acceptable)*
1263 Padre Drive, Salinas, CA 93901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 25 / 22	\$ 350.00	2 tickets to reception & dinner at Carmel Valley Ranch Resort
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Carmel Valley Community
 ADDRESS *(Business Address Acceptable)*
c/o Kim Williams, 85 Southbank Road, Carmel Valley, CA 93924
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 03 / 22	\$ 50.00	1 ticket for Good Egg Awards dinner at Hidden Valley Music Seminars
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Arts Council for Monterey County
 ADDRESS *(Business Address Acceptable)*
1123 Fremont Street, Suite C, Seaside, CA 93955
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 28 / 22	\$ 390.00	2 tickets to Champion of the Arts event at Monterey Marriott
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Carmel Woods Neighborhood Association
 ADDRESS *(Business Address Acceptable)*
Post Office Box 4032, Carmel, CA 93921
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 22	\$ 27.50	One pound box of See's candy for Christmas
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Carmel Valley Association
 ADDRESS *(Business Address Acceptable)*
Post Office Box 157, Carmel Valley, CA 93924
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 22	\$ 60.00	2 tickets to CVA annual picnic at Carmel Valley Trail & Saddle Club
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Chowder Group
 ADDRESS *(Business Address Acceptable)*
c/o Anton & Michel, Mission & 7th, Carmel, CA 93921
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 22	\$ 64.00	2 tickets to lunch meeting at Anton Michel in Carmel
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
Mary Adams

▶ NAME OF SOURCE (Not an Acronym)
California State University, Monterey Bay
ADDRESS (Business Address Acceptable)
100 Campus Center, Seaside, CA 93955
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 22 / 22</u>	<u>\$ 195.00</u>	<u>One ticket to Visionary Innovator Award Gala at Inn at Spanish Bay</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Monterey County Business Council
ADDRESS (Business Address Acceptable)
123 Capitol Street, Suite B, Salinas, CA 93901
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 13 / 22</u>	<u>\$ 80.00</u>	<u>2 tickets to Supervisor Speaker Series at Inn at Spanish Bay</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Monterey Bay Action Committee Candidates
ADDRESS (Business Address Acceptable)
Post Office Box 22402, Carmel, CA 93922
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 21 / 22</u>	<u>\$ 198.00</u>	<u>2 tickets to special fundraiser event at "Wonderland", 1276 Viscaino Road, Pebble Beach, CA 93953</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Monterey County Hospitality Association
ADDRESS (Business Address Acceptable)
Post Office Box 223542, Carmel, CA 93922
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 09 / 22</u>	<u>\$ 225.00</u>	<u>One ticket to MCHA annual dinner at Monterey Plaza Hotel</u>
<u>11 / 09 / 22</u>	<u>\$ 40.00</u>	<u>One ticket to MCHA annual hospitality recognition event at Conference Center</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Monterey County Bar Association
ADDRESS (Business Address Acceptable)
2620 Colonel Durham Street, Seaside, CA 93955
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 03 / 22</u>	<u>\$ 150.00</u>	<u>One ticket to Gibson Awards dinner at Monterey Plaza Hotel</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Monterey Peninsula Chamber of Commerce
ADDRESS (Business Address Acceptable)
353 Camino El Estero, Monterey, CA 93940
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 30 / 22</u>	<u>\$ 150.00</u>	<u>One ticket to awards dinner at Hyatt Regency</u>
<u>09 / 26 / 22</u>	<u>\$ 75.00</u>	<u>One ticket to leadership luncheon at Portola Hotel</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

Mary Adams

▶ NAME OF SOURCE *(Not an Acronym)*
Monterey Peninsula Foundation
 ADDRESS *(Business Address Acceptable)*
5 Mandeville Court, Suite 101, Monterey, CA 93940
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 22	\$ 140.00	2 tickets to final round of play at 2022 AT&T Pro-Am
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Salinas Rodeo
 ADDRESS *(Business Address Acceptable)*
1034 N. Main Street, Salinas, CA 93906
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 22 / 22	\$ 100.00	2 tickets to BBQ & rodeo and parking pass
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Pebble Beach Company
 ADDRESS *(Business Address Acceptable)*
4005 Sunridge Road, Pebble Beach, CA 93953
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 06 / 22	\$ 188.00	2 tickets to AT&T Pro-Am luncheon at Pebble Beach Lodge
08 / 21 / 22	\$ 188.00	2 tickets to Concours luncheon at Casa Palmero
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Salinas Valley Fair
 ADDRESS *(Business Address Acceptable)*
625 Division Street, King City, CA 93930
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Donated to Sol Treasurers, 519 Broadway St., King City, CA 93930

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 22	\$ 140.00	10 general admission tickets and one parking pass (donated to Sol Treasurers)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Quail Lodge & Golf Course
 ADDRESS *(Business Address Acceptable)*
8205 Valley Greens Drive, Carmel, CA 93923
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 22	\$ 100.00	2 general admission tickets to Quail Motorsports Gathering
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
SPCA of Monterey County
 ADDRESS *(Business Address Acceptable)*
1002 Monterey-Salinas Hwy., Salinas, CA 93908
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 22	\$ 25.00	One 2023 SPCA calendar
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Mary Adams

▶ NAME OF SOURCE *(Not an Acronym)*
 WeatherTech Raceway Laguna Seca

ADDRESS *(Business Address Acceptable)*
 1021 Monterey-Salinas Hwy, Salinas, CA 93908

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 22	\$ 75.00	WeatherTech shirt, 2 wine glasses, key chain, charger, sticker, ear plugs
05 / 01 / 22	\$ 100.00	2 tickets to IMSA race
08 / 20 / 22	\$ 200.00	2 tickets to Rolex Monterey Motorsports Reunion

▶ 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: _____

