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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

GOVERNOR'S OFFICE
LEGAL AFFAIRS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
CRUZ	JOHN	GILBERT	(916) 445-4541
MAILING ADDRESS (May use business address) STREET	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
STATE CAPITOL	SACRAMENTO	CA 95814	john.cruz@gov.ca.gov

1. Office, Agency, or Court

Name of Office, Agency, or Court:

OFFICE OF THE GOVERNOR

Division, Board, District, if applicable:

Your Position:

APPOINTMENTS SECRETARY

▸ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☒ State
☐ County of _____
☐ City of _____
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

○ The period covered is ___/___/___, through December 31, 2008.

☐ Leaving Office Date Left: ___/___/___
(Check one)

○ The period covered is January 1, 2008, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

▸ **Total number of pages including this cover page:** 4

▸ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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 Signe[redacted]

Signature [redacted]

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: JOHN GILBERT CRUZ

1. BUSINESS ENTITY OR TRUST

Name: Daehnke & Cruz
Address: 5000 Birch Street, #3000, Newport Beach, CA 92660
Check one: ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Law Firm

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 ACQUIRED ___/___/08 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☒ Partnership ☐ _____ Other

YOUR BUSINESS POSITION: Partner

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

N/A

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number 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: ___/___/08 ACQUIRED ___/___/08 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: DaehnkeCruz Law Group, LLP
Address: 5000 Birch Street, #3000, Newport Beach, CA 92660
Check one: ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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 ACQUIRED ___/___/08 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☒ Partnership ☐ _____ Other

YOUR BUSINESS POSITION: Partner

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

Urban Housing Communities; World Premier

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

DaehnkeCruz Law Group, LLP
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property

5000 Birch Street, #3000, Newport Beach, CA 92660
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 ACQUIRED ___/___/08 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☒ Leasehold Monthly 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
JOHN GILBERT CRUZ

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Lewis Brisbois Bisgaard & Smith LLP

ADDRESS
221 N. Figueroa St, # 1200, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
N/A

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
☐ Loan repayment
☐ Sale of _____ (Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of $10,000 or more
☐ Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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
☐ Loan repayment
☐ Sale of _____ (Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of $10,000 or more
☐ 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 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: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: JOHN GILBERT CRUZ

SCHEDULE D
Income – Gifts

NAME OF SOURCE: Governor and Mrs. Arnold Schwarzenegger
ADDRESS: State Capitol, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 08	$ 100	Flowers (Wedding Gift)
05 / 04 / 08	$ 100	Clothing (Birthday Gift)
12 / 15 / 08	$ 50	Food (Holiday Gift)

NAME OF SOURCE: Mario Rodriguez
ADDRESS: 262 La Rambla, San Clemente, CA 92672
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 08	$ 400	Crystal (Wedding Gift)
/ /	$	
/ /	$	

NAME OF SOURCE: Makar Properties, LLC
ADDRESS: 4100 MacArthur Blvd., #200, Newport Bch, CA 92660
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 08	$ 375	Comp at hotel
/ /	$	(Wedding Gift)
/ /	$	

NAME OF SOURCE: The Charles Houston Bar Association
ADDRESS: PO Box 1474 Oakland, CA 94604
BUSINESS ACTIVITY, IF ANY, OF SOURCE: N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 08	$ 125*	Attendance at annual
/ /	$	dinner event honoring
/ /	$	officers

NAME OF SOURCE: Hispanic Chamber Foundation
ADDRESS: 770 L Street, Suite 900, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 08	$ 73	Attendance at
/ /	$	reception honoring
/ /	$	Hispanic Heritage Mo.

NAME OF SOURCE:
ADDRESS:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: Reimbursed full amount on 4/1/09