CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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GOVERNOR'S OFFICE
LEGAL AFFAIRS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
GORE	ROBERT	J.	[redacted]

MAILING ADDRESS (May use business address) STREET CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS

GOVERNOR'S OFFICE, STATE CAPITOL, SACRAMENTO, CA 95814

1. Office, Agency, or Court

Name of Office, Agency, or Court: GOVERNOR'S OFFICE

Division, Board, District, if applicable:

Your Position: DEPUTY CABINET 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)*

- [x] State
- [ ] County of _____
- [ ] City of _____
- [ ] Multi-County _____
- [ ] Other _____

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

- [ ] Assuming Office/Initial Date: ___/___/___
- [x] Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

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

- [ ] Leaving Office Date Left: ___/___/___ (Check one)
  - O The period covered is January 1, 2008, through the date of leaving office.

-or-

  - O The period covered is ___/___/___, through the date of leaving office.
- [ ] Candidate Election Year: _____

4. Schedule Summary

▸ **Total number of pages including this cover page:** 3

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

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

Schedule A-1 [x] 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 [x] 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 Signed 3/2/09 [redacted]

Signature [redacted] icial.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► NAME OF BUSINESS ENTITY
PRUDENTIAL

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL SERVICES

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 08 ACQUIRED ___/___/ 08 DISPOSED

► NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 08 ACQUIRED ___/___/ 08 DISPOSED

► NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 08 ACQUIRED ___/___/ 08 DISPOSED

► NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 08 ACQUIRED ___/___/ 08 DISPOSED

► NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 08 ACQUIRED ___/___/ 08 DISPOSED

► NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 08 ACQUIRED ___/___/ 08 DISPOSED

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
GOV. SCHWARTZENEGGER
ADDRESS
STATE CAPITOL
BUSINESS ACTIVITY, IF ANY, OF SOURCE
GOVERNMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/29/08	$ 86.12	STATE JACKET
/ /	$	
/ /	$	

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

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

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

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

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

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

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

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

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

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

Comments: