ORIGINAL MAILED TO FPPC on 4/17/08

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Official Use Only
APR 17 2008
RECEIVED

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
GRIJALVA	RUBEN	DANIEL	[redacted]

MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	OPTIONAL FAX / E-MAIL ADDRESS
[redacted]	[redacted]			[redacted]

1. Office, Agency, or Court

Name of Office, Agency, or Court
CA DEPT. OF FORESTRY & FIRE PROT.

Division, Board, District, if applicable:

Your Position
DIRECTOR

➡ 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, 2007, through December 31, 2007.

-or-

- O The period covered is ___/___/___, through December 31, 2007
- [ ] Leaving Office Date Left ___/___/___ (Check one)
  - O The period covered is January 1, 2007, through the date of leaving office.

-or-

  - O The period covered is ___/___/___, through the date of leaving office
- [ ] Candidate

4. Schedule Summary

➡ Total number of pages including this cover page: 2

➡ 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 [x] Yes – schedule attached
Income – Gifts

Schedule E [ ] Yes – schedule attached
Income – 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.

[redacted]

2007

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: RUBEN GRIJALVA

NAME OF SOURCE: CA RESTAURANT ASSOC
ADDRESS: 1011 10th St. SACRAMENTO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: GOV'T AFFAIRS - RESTAURANT INDUSTRY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/17/07	$ 47.78	LEGISLATIVE RECEPTION
/ /	$	
/ /	$	

NAME OF SOURCE: PERSONAL INSURANCE FEDERATION OF CA
ADDRESS: 980 9th St. Suite 2030, SACRAMENTO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: GOV'T AFFAIRS - INSURANCE INDUSTRY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/7/07	$ 27.99	LEGISLATIVE RECEPTION
/ /	$	
/ /	$	

NAME OF SOURCE: REGIONAL COUNCIL OF RURAL COUNTIES
ADDRESS: 801 12th St. SACRAMENTO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: GOV'T AFFAIRS - RURAL COUNTIES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/31/07	$ 108.34	ANNUAL DINNER & INSTALLATION OF OFFICERS
/ /	$	
/ /	$	

NAME OF SOURCE: AMERICAN INSTITUTE OF ARCHITECTS
ADDRESS: 1303 J St. Suite 200 SACRAMENTO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: GOV'T AFFAIRS - ARCHITECT INDUSTRY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/21/07	$ 67.10	CENTENNIAL CELEBRATION
/ /	$	
/ /	$	

NAME OF SOURCE: CA BUSINESS ROUNDTABLE
ADDRESS: 1215 K St. Suite 1570 SACRAMENTO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: GOV'T AFFAIRS - CA BUSINESSES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/6/07	$ 31.40	ANNUAL RECEPTION
/ /	$	
/ /	$	

NAME OF SOURCE: CALIFORNIA FORESTRY ASSOC.
ADDRESS: 1215 K St. Suite 1830, SACRAMENTO CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: GOV'T AFFAIRS - FORESTRY INDUSTRY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/21/07	$ 58.40	Legislative Reception
/ /	$	
/ /	$	

Comments:

2008

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700

Name

▶ NAME OF SOURCE
League of CA Cities
ADDRESS
1400 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represent Cities Interests

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 21 / 09	$ 14.15	Legislative reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Personal Insurance Federation of CA
ADDRESS
1201 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represent Insurance Industry Interests

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 08	$ 34.39	Legislative reception
/ /	$	
/ /	$	

▶ 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: