

COPY COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Nashley (FIRST) Kevin (MIDDLE) Joseph

1. Office, Agency, or Court

Agency Name Auburn City Council Electd City Councilmember
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

State Judge (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Auburn Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or- Leaving Office: Date Left ____/____/____ (Check one)
The period covered is ____/____/____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
 Assuming Office: Date ____/____/____ The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."
 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

► Total number of pages including this cover page: _____



herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/16/11
(month, day, year)

Signature



COVER PAGE

Please type or print in ink.

NAME OF FILER

SB

Nanley (LAST)

(FIRST)

Kevin

2011 MAR 24 AM 8:24

(MIDDLE)

Joseph

1. Office, Agency, or Court

Agency Name

State Legislature

Division, Board, Department, District, if applicable

Your Position

Chief Policy Consultant

If filing for multiple positions, list below or on an attachment.

see attached

Agency:

Position:

2011 MAR 24 AM 8:23

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

State

Judge (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, 2010, through December 31, 2010.

Leaving Office: Date Left ____/____/____ (Check one)

The period covered is ____/____/____, through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date ____/____/____

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

Candidate: Election Year ____ Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 7

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

(d)(5)

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

3/16/11
(month, day, year)

Signature

(d)(5)

COVER PAGE (EB)

Please type or print in ink.

NAME OF FILER (LAST) Nashley (FIRST) Kevin (MIDDLE) Joseph

1. Office, Agency, or Court
Agency Name Sacramento Area Council of Governments (SACOG)
Division, Board, Department, District, if applicable _____ Your Position Director

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)
 State Judge (Statewide Jurisdiction)
 Multi-County 6 counties in Sac Region County of _____
 City of _____ Other _____

3. Type of Statement (Check at least one box)
 Annual: The period covered is January 1, 2010, through December 31, 2010. Leaving Office: Date Left _____ (Check one)
-or-
The period covered is _____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
 Assuming Office: Date _____ The period covered is _____, through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____

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Date Signed 3/16/11
(month, day, year)

Signature (d)(5)
(File the originally signed statement with your filing official.)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Nantley (FIRST) Kevin (MIDDLE) Joseph

1. Office, Agency, or Court

Agency Name Service Bulletin & Newsletters (SAFE)
Division, Board, Department, District, if applicable _____ Your Position director

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

State Judge (Statewide Jurisdiction)
 Multi-County 6 county region County of _____
 City of _____ Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or- Leaving Office: Date Left _____ (Check one)
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-or-

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Date Signed 3/16/11 Signature (d)(5)
(month, day, year) official)

COVER PAGE

Please type or print in ink.

NAME OF FILER

(LAST)
 Hanley

(FIRST)
 Kevin

(MIDDLE)
 Joseph

1. Office, Agency, or Court

Agency Name

Placer Community Services Commission

Division, Board, Department, District, if applicable

Your Position

Board member.

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

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

State

Judge (Statewide Jurisdiction)

Multi-County _____

County of

Placer

City of _____

Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left ____/____/____
 (Check one)

-or-
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Assuming Office: Date ____/____/____

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

Candidate: Election Year _____

Office sought, if different than Part 1: _____

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► Total number of pages including this cover page: _____

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

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

Date Signed

3/16/11

(month, day, year)

Signature

(d)(5)

(File the originally signed statement with your filing official.)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Nanley (FIRST) Ken (MIDDLE) Joseph

1. Office, Agency, or Court

Agency Name Placer County Flood Control & Water Conservation District

Division, Board, Department, District, if applicable _____ Your Position Board member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of Placer
- City of _____ Other _____

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

- Annual: The period covered is January 1, 2010, through December 31, 2010. Leaving Office: Date Left _____ (Check one)
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- Assuming Office: Date _____ The period covered is _____ through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____

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► Total number of pages including this cover page: _____

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-or-

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(month, day, year)

Signature (d)(5)
(File the originally signed statement with your filing official.)

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 Kevin Hanley

NAME OF BUSINESS ENTITY Hewlett-Packard
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY Computer Company
 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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED 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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY Abbott Laboratories
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY prescription drugs
 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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED 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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY _____
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
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 ACQUIRED DISPOSED

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 GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____
 FAIR MARKET VALUE
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 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

Comments: _____