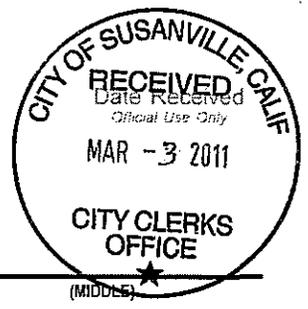


RECEIVED
STATEMENT OF ECONOMIC INTERESTS
 PRACTICES COMMISSION
COVER PAGE
 11 APR -1 PM 2:42



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 SAYERS, Douglas

1. Office, Agency, or Court

Agency Name
 City of Susanville
 Division, Board, Department, District, if applicable
 Your Position
 Councilmember

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

Agency: _____ Position: See Attached Page

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

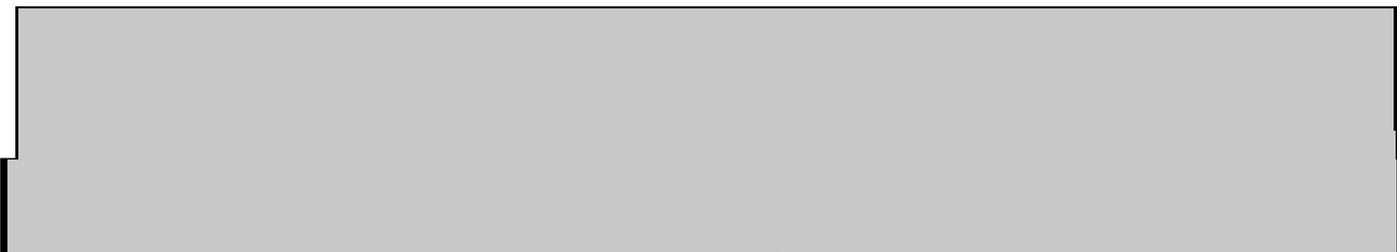
- State
- Multi-County _____
- City of Susanville
- Judge (Statewide Jurisdiction)
- County of Lassen
- Other _____

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

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

4. Schedule Summary

- Check applicable schedules or "None."
 Total number of pages including this cover page: 45
- 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



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

Date Signed 3-2-2011
 (month, day, year)

Signature

1. Office, Agency or Court:

Lassen County Abandoned Vehicle JPA: Commissioner
Lassen County Transit Authority: Commissioner
Lassen County Transportation Commission: Commissioner
Lassen Regional Solid Waste Mgmt Authority: Director
Water Resource Committee: Commissioner

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

SAYERS, D.

▶ NAME OF BUSINESS ENTITY
The Prudential

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
Prudential Mutual Funds

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
 \$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
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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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$100,001 - \$1,000,000 Over \$1,000,000

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NATURE OF INVESTMENT
 Stock Other _____
(Describe)
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 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments: _____

