

RECEIVED COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

A Public Document

DAR B (d)(5)

Please type or print in ink.

NOV 28 PM 12:29 David

GT

NAME OF FILER

(LAST)

(FIRST)

1. Office, Agency, or Court

Agency Name

Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

Supervisor District 1

▶ 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 Modoc

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 1/3/11, through December 31, 2010.

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

Assuming Office: Date 1/3/11

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

Candidate: Election Year 2010

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 6(8)

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.

[Redacted area]

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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

11/23/11

(month, day, year)

Signature

SCHEDULE B
Interests in Real Property

11 DEC -1 PM 12:29 (Including Rental Income)

▶ STREET ADDRESS OR PRECISE LOCATION
3653 CO. RD 18

CITY
Cedarville, Ca. 96104

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 1/10 DISPOSED 1/10

NATURE OF INTEREST
 Ownership/Deed of Trust
 Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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 Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____ % None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust
 Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Comments: _____

Verification

Print Name DAVID ALLAN
(MODOC CO. DIST. 1)

Office, Agency or Court BOARD OF SUPERVISORS DIST. 1

Statement Type 2010/2011 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 11/23/16

Signature (d)(5)

▶ NAME OF SOURCE NONE

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

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

▶ NAME OF SOURCE NONE

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

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

▶ NAME OF SOURCE NONE

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

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

▶ NAME OF SOURCE NONE

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

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

▶ NAME OF SOURCE NONE

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

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

Verification

Print Name DAVID ALLAN
(Modoc Co)

Office, Agency or Court BOARD OF SUPERVISORS DIST. 1

Statement Type 2010/2011 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 11/23/11
(d)(5)

Signature _____

Comments: _____

SCHEDULE E Income - Gifts

AMENDMENT

Travel Payments, Advances, and Reimbursements

11 DEC -1 PM 12:27

- Reminder - you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE NONE

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE NONE

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE NONE

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Verification

Print Name DAVID ALLAN
(MODOC CO. DIST 1)

Office, Agency or Court BOARD OF SUPERVISORS

Statement Type 2010/2011 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 11/23/11

Signature (d)(5)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date Received
Official Use Only
FEB 07 2011
BOARD OF SUPERVISORS
BY _____



Please type or print in ink.

NAME OF FILER: Altan (LAST) David (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name: Board of Supervisors Modoc County
Division, Board, Department, District, if applicable: Supervisor District 1
Your Position: _____
If filing for multiple positions, list below or on an attachment.
Agency: See attachment Position: _____

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

State Judge (Statewide Jurisdiction)
 Multi-County _____ County of Modoc
 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-
The period covered is _____, through December 31, 2010.
 Assuming Office: Date 1/3/11
 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.
 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 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

(d)(5)

I certify under penalty of perjury under the laws of the State of California that (d)(5)
Date Signed 2/4/11 (month, day, year) Signature _____
(Print the original signed statement with your filing official.)

Committees

Superior Calif. Economic Development
(SCEDD)

Modoc County Transportation Commission
(MCTC/LTC)

Local Agency Formation Commission
(LAFCO)

Experimental Stewardship

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
David Allan

▶ 1. BUSINESS ENTITY OR TRUST

Name
David Allan

Address (Business Address Acceptable)
3653 CO. RD 18 Cedarville Ca. 96104

Check one.
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Hay Grower

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /10 / /10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Hay Sales

▶ 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
David Allan

3653 CO. RD. 18 Cedarville, Ca. 96104

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /10 / /10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /10 / /10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /10 / /10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
David Allan

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Alturas Disposal (Waste Management)

ADDRESS (Business Address Acceptable)
Main St. Alturas, Ca. 96101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gate attendant 530-233-2631

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 Partnership

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 Address Acceptable)

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 Partnership

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 Address Acceptable) _____

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: _____