

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

COVER PAGE

FILED

Date Received
JAN 21 2011

BOARD OF SUPERVISORS

JAN 12 2011

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(d)(5)

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BUTTE CALIFORNIA

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2011 FEB -2 PM 4:38

NAME OF FILER (LAST) (FIRST) (MIDDLE)

LAMBERT STEVE

FILED

JAN 12 2011

Interim Clerk of Supervisors
By: (d)(5) Deputy

1. Office, Agency, or Court

Agency Name
BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable
DISTRICT 4

Your Position
SUPERVISOR

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge (Statewide Jurisdiction)
- County of BUTTE
- 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: 3

- 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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 1-5-2011
(month, day, year)

Signature _____

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 STEVE LAMBERT

1. BUSINESS ENTITY OR TRUST

LAMBERT FEED & GARDEN INC. Name 2139 W LINCOLN STREET, OROVILLE, CA 95965 Address (Business Address Acceptable) Check one [] Trust, go to 2 [x] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY RETAIL FAIR MARKET VALUE [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [x] \$100,001 - \$1,000,000 [] Over \$1,000,000 IF APPLICABLE, LIST DATE: / / 10 ACQUIRED / / 10 DISPOSED NATURE OF INVESTMENT [] Sole Proprietorship [] Partnership [x] INC [] Other YOUR BUSINESS POSITION OWNER/PRESIDENT

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

[] \$0 - \$499 [x] \$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 [x] REAL PROPERTY

LAMBERT FEED & GARDEN 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 [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [x] \$100,001 - \$1,000,000 [] Over \$1,000,000 IF APPLICABLE, LIST DATE: / / 10 ACQUIRED / / 10 DISPOSED NATURE OF INTEREST [x] Property Ownership/Deed of Trust [] Stock [] Partnership [] Leasehold [] Other [] Check box if additional schedules reporting investments or real property are attached

Comments:

1. BUSINESS ENTITY OR TRUST

LAMBERT RANCH Name 3159 NELSON AVE., OROVILLE, CA 95965 Address (Business Address Acceptable) Check one [] Trust, go to 2 [x] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY FARM/PUREBRED CATTLE FAIR MARKET VALUE [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [x] \$100,001 - \$1,000,000 [] Over \$1,000,000 IF APPLICABLE, LIST DATE: / / 10 ACQUIRED / / 10 DISPOSED NATURE OF INVESTMENT [x] Sole Proprietorship [] Partnership [] Other YOUR BUSINESS POSITION OWNER/MANAGER

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

[] \$0 - \$499 [x] \$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 [x] 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 [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 [x] Over \$1,000,000 IF APPLICABLE, LIST DATE: / / 10 ACQUIRED / / 10 DISPOSED NATURE OF INTEREST [x] Property Ownership/Deed of Trust [] Stock [] Partnership [] Leasehold [] Other [] Check box if additional schedules reporting investments or real property are attached

