

STATEMENT OF ECONOMIC INTERESTS

FILED

Date Received
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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

ELECTIONS OFFICIAL
COUNTY OF DEL NORTE

11 APR -4 PM 3:53

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sullivan Michael Thomas

1. Office, Agency, or Court

Agency Name
Del Norte County
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
County Supervisor District 3

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

Agency: see attached list Position: Alternate Delegate

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

State Judge (Statewide Jurisdiction)
 Multi-County County of Del Norte
 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 ____/____/____
 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: 7
 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



I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-22-11
(month, day, year)

Signature

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

Michael Sullivan

▶ NAME OF BUSINESS ENTITY
Edward Jones Investments

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investments

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
Citigroup

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking

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:
12/13/10 ____/____/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
 \$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
 \$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: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <u>Sullivan, Michael Thomas</u>

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Edward Jones Investments

ADDRESS (Business Address Acceptable)
836 Third Street Crescent City, CA 95531

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investments

YOUR BUSINESS POSITION
Financial Advisor

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
Edward Jones Investments

ADDRESS (Business Address Acceptable)
836 Third Street Crescent City, CA 95531

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investments

YOUR BUSINESS POSITION
Limited Partner

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: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Sullivan, Michael Thomas

- **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
 Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)
 801 12th Street Suite 600

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Advocacy for Rural Counties

DATE(S): 1/1/10 - 12/31/10 AMT: \$ 80.63
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: TRAVEL, LODGING, + MEAL EXPENSES RELATED TO VOLUNTEER SERVICES

▶ NAME OF SOURCE

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

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

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: _____

Comments: _____

FORM 700 Statement of Economic Interests for Calendar Year 2010

List of Agencies and Member Counties

Del Norte County

Supervisor Michael Sullivan

Agency

Position

CRHMFA Homebuyers Fund

Alternate Delegate

California Rural Home Mortgage Finance Corp

Alternate Delegate

Environmental Services Joint Powers Authority

Alternate Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolumne County
	Yuba County

2010 DELEGATE EXPENSE

County: **Del Norte**
 Delegate: **Michael Sullivan**

<u>Item</u>	<u>Amount</u>	
<u>Meals provided at meetings:</u>		
Prior year expenses pd in 2010		
Board Meeting: January	28.57	
Executive Meeting: February	25.01	
Board Meeting: March	26.47	
Board Meeting: April	19.35	
Executive Meeting: May	13.83	
(Modoc) Board Meeting: June	Incl below	
Executive Meeting: July	17.42	
Board Meeting: August	23.13	
(Annual Meeting Napa County) Board Meeting: Sept	38.14	
Executive Meeting: October	ESJPA only	
Executive Meeting: Dec	17.42	
Board Meeting: Dec	25.84	
January Annual Installation of Officers*	137.14	

* Price is for Supervisor only. Double amount if spouse/guest attended also.

<u>Expense Reimbursements</u>	To Delegate:	
	To County for Delegate:	
<u>Expenses paid by RCRC on behalf of Supervisor:</u>		
June (Modoc) Lodging:		
June (Modoc) Meals:		
March NACO:		
May NACO WIR		
July NACO:		
Seminar Registration/Memberships:		
Supervisor Travel , Hotel and Meals:	80.63	
Phone Cards/Communication Eqpt.:		
(Modoc) Tour:		
Gifts - \$420 limit:		
Awards - \$250 limit:		
Total Expenses:	80.63	

**Please record on your
 SCHEDULE - E**

Michael Sullivan, March 16, 2011

Attachment to cover page: CA Form 700 Statement of Economic Interests

Additional Positions:

1. Local Transportation Commission, Del Norte County
2. North Coast Emergency Medical Services, Alternate
3. Tri-Agency Economic Development Authority
4. Area 1 Agency on Aging
5. CSAC
6. Del Norte Senior Center (Alternate)
7. Treasury Oversight Committee