

STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES  
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
WYATT CHARLES GARY

1. Office, Agency, or Court

Agency Name  
IMPERIAL COUNTY

Division, Board, Department, District, if applicable Your Position  
BOARD OF SUPERVISORS SUPERVISOR, DIST. 4

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

Agency: see attached list Position: Board Member

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

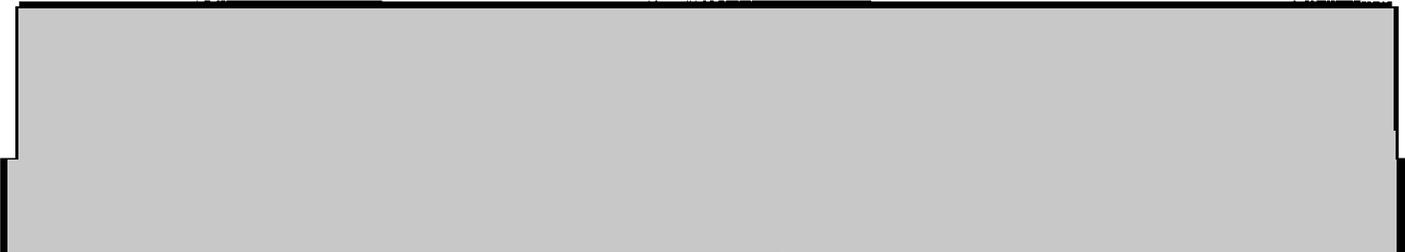
State  Judge (Statewide Jurisdiction)  
 Multi-County see attached list  County of Imperial  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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)  
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 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 3-28-11 Signature \_\_\_\_\_  
(month, day, year)

**FORM 700 Statement of Economic Interests for Calendar Year 2010**

**List of Agencies and Member Counties**

**Imperial County**

**Supervisor Gary Wyatt**

Agency

Position

CRHMFA Homebuyers Fund

Delegate

California Rural Home Mortgage Finance Corp

Delegate

Environmental Services Joint Powers Authority

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            |

## Additional Agencies:

Salton Sea Authority

- Imperial County
- Riverside County
- Coachella Valley Water District
- Imperial Irrigation District

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Charles Gary Weyatt

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Avon

ADDRESS (Business Address Acceptable)  
659 Sunset Dr, Brawley, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Sales

YOUR BUSINESS POSITION  
Representative

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: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
*Charles Gary Wyatt*

▶ NAME OF SOURCE  
Gold Cross Ambulance

ADDRESS (Business Address Acceptable)  
P.O. Box 1834 El Centro, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Ambulance Services

| DATE (mm/dd/yy) | VALUE           | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>2,27,10</u>  | <u>\$100.00</u> | <u>golf fees</u>       |
| ___/___/___     | \$ _____        | _____                  |
| ___/___/___     | \$ _____        | _____                  |

▶ NAME OF SOURCE  
Semptra Energy

ADDRESS (Business Address Acceptable)  
101 Ash St., San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Energy Services

| DATE (mm/dd/yy) | VALUE       | DESCRIPTION OF GIFT(S)     |
|-----------------|-------------|----------------------------|
| <u>12,9,10</u>  | <u>\$97</u> | <u>Food &amp; Beverage</u> |
| ___/___/___     | \$ _____    | _____                      |
| ___/___/___     | \$ _____    | _____                      |

▶ NAME OF SOURCE  
Buz Schott

ADDRESS (Business Address Acceptable)  
530 B. St., San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
PR Affairs

| DATE (mm/dd/yy) | VALUE        | DESCRIPTION OF GIFT(S) |
|-----------------|--------------|------------------------|
| <u>12,4,10</u>  | <u>\$125</u> | <u>golf fees</u>       |
| ___/___/___     | \$ _____     | _____                  |
| ___/___/___     | \$ _____     | _____                  |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE  
Semptra Energy

ADDRESS (Business Address Acceptable)  
101 Ash St., San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Energy Services

| DATE (mm/dd/yy) | VALUE           | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>6,20,10</u>  | <u>\$156.06</u> | <u>tickets/food</u>    |
| <u>8,17,10</u>  | <u>\$60.00</u>  | <u>Food</u>            |
| <u>11,13,10</u> | <u>\$26.05</u>  | <u>Food/ticket</u>     |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: \_\_\_\_\_

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

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name<br>CHARLES Gary Wyatt |
|---|

- 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  
*California State Assoc. of Counties*

ADDRESS (Business Address Acceptable)  
*1101 K ST. Sacramento, CA*

CITY AND STATE  
*Sacramento, CA*

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

DATE(S): \_\_\_\_\_ AMT: \$ 3,578  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: *travel & lodging expenses*

▶ NAME OF SOURCE  
*Calif. State Assoc. of Counties*

ADDRESS (Business Address Acceptable)  
*1101 K ST.*

CITY AND STATE  
*SACRAMENTO, CA*

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

DATE(S): \_\_\_\_\_ AMT: \$ 470  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: *Service as president of CSAC & Exec. Comm.*

▶ NAME OF SOURCE  
*CSAC Finance Corp.*

ADDRESS (Business Address Acceptable)  
*1101 K ST.*

CITY AND STATE  
*Sacramento, CA*

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
*Govt. Finance Services*

DATE(S): \_\_\_\_\_ AMT: \$ 75  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: *travel related expenses*

▶ NAME OF SOURCE  
*CSAC Finance Corp.*

ADDRESS (Business Address Acceptable)  
*1101 K ST.*

CITY AND STATE  
*SACRAMENTO, CA*

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
*Govt Finance Services*

DATE(S): \_\_\_\_\_ AMT: \$ 416<sup>18</sup>  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: *Outgoing President gift golf fees*

Comments: \_\_\_\_\_

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

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br><small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name<br><u>CHARLES GARY WYATT</u>  |

- 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  
C-A Education Development Foundations  
 ADDRESS (Business Address Acceptable)  
1615 S. Garfield Ave.  
 CITY AND STATE  
Alhambra, CA 91801  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_\_ AMT: \$ 2500  
(If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: travel to represent Imperial County in China

▶ NAME OF SOURCE  
Regional Council of Rural Counties  
 ADDRESS (Business Address Acceptable)  
1215 K ST. #1650  
 CITY AND STATE  
SACRAMENTO, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Advocacy/Housing

DATE(S): \_\_\_\_\_ AMT: \$ 4699.57  
(If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: travel related expenses as volunteer member of Bd. of Directors

▶ 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: \_\_\_\_\_