

Please type or print in ink.

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

**FILED**

**MAR 23 2011**

**1. Office, Agency, or Court**

Agency Name

County of Sacramento

County Supervisor

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors, District 4

CRAIG A. KRAMER, CLERK-RECORDER  
By (c)(1) DEPUTY

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

Agency: (see attached)

Position: (see attached)

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

State

Judge (Statewide Jurisdiction)

Multi-County El Dorado, Placer, Sutter, Yolo, Yuba

County of Sacramento

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 \_\_\_\_/\_\_\_\_/\_\_\_\_, 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."

► Total number of pages including this cover page: 14

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

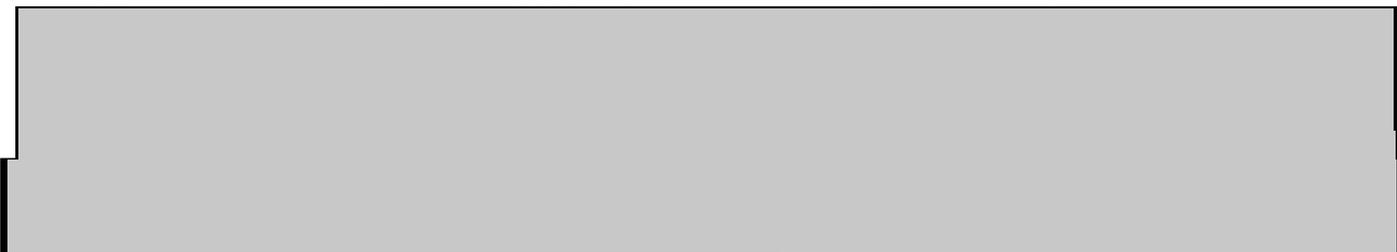
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 17, 2011  
(month, day, year)

Signature \_\_\_\_\_



## Roberta D. MacGlashan

Form 700

2010 Statement of Economic Interests

Page 2 of Cover Page

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1.	Area 4 Agency on Aging JPA	Board Member
2.	Capital Southeast Connector Authority	Alternate Board Member
3.	First 5 Sacramento Commission	Alternate Commissioner
4.	Freeport Regional Water Authority	Alternate Board Member
5.	Regional Human Rights/Fair Housing	Board Member
6.	Sacramento Area Council of Governments	Board Member
	• Capitol Valley Regional SAFE	Board Member
7.	Sacramento Area Flood Control Agency	Board Member
8.	Sacramento Area Sewer District	Board Member
9.	Sacramento County Water Agency	Board Member
10.	Sacramento Groundwater Authority	Alternate Board Member
11.	Sacramento Local Agency Formation Commission	Alternate Commissioner
12.	Sacramento Metropolitan Air Quality Management District	Board Member
13.	Sacramento Metropolitan Cable Television Commission	Board Member
14.	Sacramento-Placerville Transportation Corridor JPA	Alternate Board Member
15.	Sacramento Public Library Authority	Board Member
16.	Sacramento Regional County Sanitation District	Board Member
17.	Sacramento Regional Solid Waste Authority	Board Member
18.	Sacramento Regional Transit	Board Member
19.	Sacramento Transportation Authority	Board Member
	• Sacramento Abandoned Vehicle Service Authority	Board Member
20.	Tobacco Securitization Corporation	Board Member





**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

Name  
 MacGlashan, Roberta D.

**▶ 1. BUSINESS ENTITY OR TRUST**

MacGlashan Family Revocable Living Trust

Name  
 11471 Round House Court, Gold River, CA 95670

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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> 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

Exxon Mobil Corporation

Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property

Energy

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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

**▶ 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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> 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

General Electric

Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property

Appliances & Consumer Products

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached



**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  
 MacGlashan, Roberta D.

**▶ 1. BUSINESS ENTITY OR TRUST**

MacGlashan Family Revocable Living Trust

Name  
 11471 Round House Court, Gold River, CA 95670

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                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 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

SYSCO Corporation

Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property

Food Products & Supplies

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                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_  
 Yrs. remaining

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                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 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

Procter & Gamble

Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property

Consumer Products

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                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_  
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached







**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

Name  
 MacGlashan, Roberta D.

**▶ 1. BUSINESS ENTITY OR TRUST**

MacGlashan Family Revocable Living Trust  
 Name  
 11471 Round House Court, Gold River, CA 95670  
 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                      \_\_\_\_\_/\_\_\_\_\_/10

\$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

Sierra Vista Bank  
 Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property

Commercial Bank  
 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                      \_\_\_\_\_/\_\_\_\_\_/10

\$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 \_\_\_\_\_     Other \_\_\_\_\_  
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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

**▶ 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                      \_\_\_\_\_/\_\_\_\_\_/10

\$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

Healthcare Realty Trust  
 Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property

Real Estate Investment Trust  
 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                      \_\_\_\_\_/\_\_\_\_\_/10

\$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 \_\_\_\_\_     Other \_\_\_\_\_  
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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





**SCHEDULE D**  
**Income – Gifts**

Name  
Roberta D. MacGlashan

▶ NAME OF SOURCE  
Brewer Lofgren LLC  
 ADDRESS (Business Address Acceptable)  
3727 Sutter Hill Lane, Carmichael, CA 95608  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/29/10</u>	<u>\$ 155.00</u>	<u>tkt--Sac Metro dinner</u>
<u>05/20/10</u>	<u>\$ 75.00</u>	<u>tkt--Valley Vision</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE  
Northern California Golden Arches Association  
 ADDRESS (Business Address Acceptable)  
2880 Gateway Oaks #130, Sacramento, CA 95833  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
restaurant association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04/28/10</u>	<u>\$ 125.00</u>	<u>tkt--ALF dinner</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE  
BLT Enterprises  
 ADDRESS (Business Address Acceptable)  
8491 Fruitridge Road, Sacramento, CA 95826  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
waste disposal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/15/10</u>	<u>\$ 89.95</u>	<u>gift basket</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

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