

STATEMENT OF ECONOMIC INTERESTS  
RECEIVED  
FAIR POLITICAL PRACTICES COVER PAGE

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Date Received  
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TRINITY C  
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Please type or print in ink.

NAME OF FILER (LAST) MORRIS (FIRST) JUDY (MIDDLE) YZEMERDO

1. Office, Agency, or Court

Agency Name County of Trinity County Supervisor  
Division, Board, Department, District, if applicable Your Position

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

Agency: SCEDD Position: BOARD ALTERNATE

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

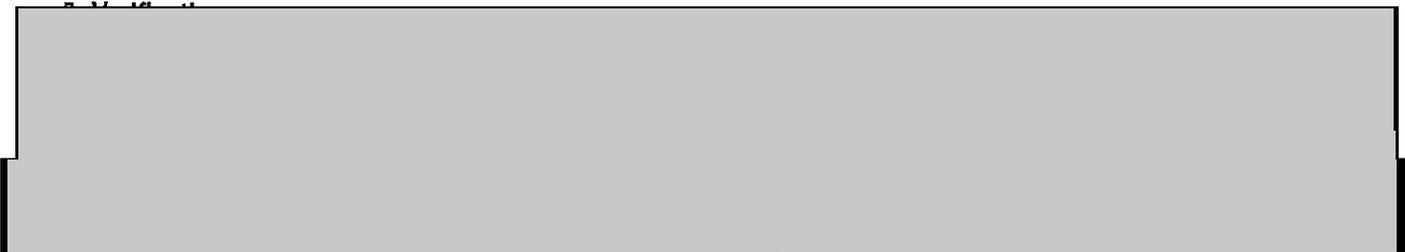
State Judge (Statewide Jurisdiction)  
Multi-County County of TRINITY  
City of Other

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  
-or- The period covered is through December 31, 2010. (Check one)  
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:  
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

Date Signed 3/30/11 (month, day, year) Signa





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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
*Chris Vazquez Meire*

▶ NAME OF SOURCE  
CSAC

ADDRESS (Business Address Acceptable)  
1100 K ST Ste. 101

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SACRAMENTO, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06.05.10</u>	<u>\$ 1500</u>	<u>Leadership Training</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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ 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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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