

GP

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
TRINITY COUNTY
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Supervisor, District 5

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

Agency: See attached list Position: DELEGATE

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

State Judge (Statewide Jurisdiction)
 Multi-County See attached list County of _____
 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: 6

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



herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that th

Date Signed March 21-2011 Signature
(month, day, year)

SCHEDULE D
Income – Gifts

Name
 Wendy Otto

▶ NAME OF SOURCE
Roy & LaJean Yates
 ADDRESS (Business Address Acceptable)
Hayfork, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 10	\$ 25.00	Wedding gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
Patricia Mortensen
 ADDRESS (Business Address Acceptable)
Hyampom CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 10	\$ 25.00	Wedding gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
Bill & Maralee Hinman
 ADDRESS (Business Address Acceptable)
Hayfork CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 10	\$ 25.00	Wedding gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
Trinity County BOS members
 ADDRESS (Business Address Acceptable)
Weaverville CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 10	\$ 50.00	gift card: wedding gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
Charlene Dunaetz
 ADDRESS (Business Address Acceptable)
Hayfork CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 10	\$ 12.50	Wedding gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
NoRTEC staff
 ADDRESS (Business Address Acceptable)
Chico CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 10	\$ 125.00	gift card: wedding gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Wendy Otto

▶ NAME OF SOURCE
AmeriGas training staff
 ADDRESS (Business Address Acceptable)
King of Prussia, PA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 10</u>	<u>\$ 50.00</u>	<u>gift card: wedding gift</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Linda Wright
 ADDRESS (Business Address Acceptable)
Weaverville CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 10</u>	<u>\$ 25.00</u>	<u>gift card: wedding gift</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
The Granfors family
 ADDRESS (Business Address Acceptable)
Redding CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 10</u>	<u>\$ 50.00</u>	<u>gift card: wedding gift</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
The Jenkins family
 ADDRESS (Business Address Acceptable)
Redding CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 10</u>	<u>\$ 50.00</u>	<u>gift card: wedding gift</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
The Seeley Family
 ADDRESS (Business Address Acceptable)
Redding CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 10</u>	<u>\$ 25.00</u>	<u>gift card: wedding gift</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Shirley Thompson
 ADDRESS (Business Address Acceptable)
Texas
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 19 / 10</u>	<u>\$ 25.00</u>	<u>gift card: wedding gift</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Wendy Otto

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

▶ NAME OF SOURCE
Regional Council of Rural Counties
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1650
 CITY AND STATE
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 2351.08
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel, hotel & meal expenses related to
volunteer services on RCRC Board of
Directors

▶ NAME OF SOURCE
PSA 2 Area Agency on Aging
 ADDRESS (Business Address Acceptable)
P.O. Box 1400
 CITY AND STATE
Yreka, CA, 96097
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 130.00
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel expenses related to volunteer
service on PSA 2 Executive Board of
Directors

▶ NAME OF SOURCE
Northern Rural Training & Employment Consortium
 ADDRESS (Business Address Acceptable)
525 Wall Street
 CITY AND STATE
Chico, CA 95928
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 1875.91
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel and stipend related to volunteer
service on the NoRTEC Governing Board

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Wendy Otto, Trinity County
Board of Supervisors, District 5

List of agencies

Superior California Economic Development District (SCEDD)
Board member

- Multi-County Jurisdiction of Office
- Siskiyou, Shasta, Modoc, Trinity

Northern Rural Training Economic Consortium (NoRTEC)
Governing Board member

- Joint Powers Authority of Eleven counties
- Butte, Del Norte, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama & Trinity

Regional Council of Rural Counties (RCRC)
Primary delegate

- CRHMFA Homebuyers Fund
- California Rural Home Mortgage Finance Corp
- Environmental Services joint Powers Authority

PSA 2 Area Agency on Aging Executive Board

- Joint Powers Authority of Five Counties
- Siskiyou, Shasta, Trinity, Modoc & Lassen