

COVER PAGE RECEIVED FAIR POLITICAL PRACTICES COMMISSION KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

2011 MAR 10 PM

(d)(5) DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
THRALL SHARON JANE

1. Office, Agency, or Court

Agency Name
PLUMAS COUNTY
Division, Board, Department, District, if applicable
BOARD OF SUPERVISORS
Your Position
SUPERVISOR, DISTRICT 3

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

Agency: _____ Position: _____

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

State Judge (Statewide Jurisdiction)
 Multi-County _____ County of PLUMAS
 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- (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 1/16/11 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: 4
 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 MARCH 5, 2011
(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
THRALL, SHARON JANE

▶ **NAME OF BUSINESS ENTITY**
AMERICAN STATES WATER COMPANY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
WATER SERVICES AND DELIVERY

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**
ROCKWELL AUTOMATION, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SOFTWARE, INFORMATION PLATFORMS

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**
ARVIN MERITOR, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VEHICLE SYSTEMS SUPPLIER

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**
ROCKWELL COLLINS, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMMUNICATION/AVIATION ELECTRONICS

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**
BOEING COMPANY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
AIRCRAFT MANUFACTURING

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**
SKYWORKS SOLUTIONS, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
WIRELESS SEMICONDUCTOR SUPPLIER

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 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

THRALL, SHARON JANE

▶ NAME OF BUSINESS ENTITY
BAXTER INTERNATIONAL, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
MEDICAL DEVICES

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:
3 / 19 / 10 _____ / _____ / 10
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
PROCTER AND GAMBLE CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
HOUSEHOLD PRODUCTS

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:
2 / 2 / 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)
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 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
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NATURE OF INVESTMENT
 Stock Other _____
(Describe)
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IF APPLICABLE, LIST DATE:
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ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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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 E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name THRALL, SHARON JANE
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- **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
 NORTHERN RURAL TRAINING & EMPLOYMENT
 ADDRESS (Business Address Acceptable)
 525 WALL STREET
 CITY AND STATE
 CHICO, CA 95928
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 EMPLOYMENT TRAINING/BUSINESS TRAINING
 DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 968.00
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Mileage reimbursement & Stipend to attend governing board meetings as Board member.

▶ 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: _____