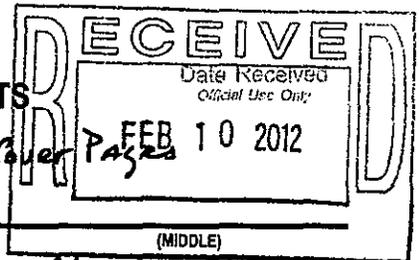


STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE 1 of 3 Cover Pages

12 MAR 29 PM 12:13



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MAGNUSON George ALEXANDER

1. Office, Agency, or Court

Agency Name: City of Rocklin
Division, Board, Department, District, if applicable: Rocklin City Council
Your Position: Council member

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

Agency: Rocklin Redevelopment Agency - Director / Board member
Rocklin Finance Authority - Director / Board Member
public

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

- State
- Multi-County
- City of Rocklin
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of
- Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2011, through December 31, 2011.
- Leaving Office: Date Left
- Assuming Office: Date assumed
- 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: 5

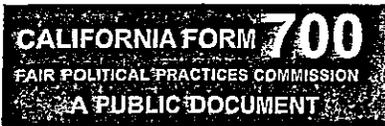
- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California th

Date Signed 2/10/12
(month, day, year)

Signature



STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

2 of 3 Cover Pages

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MAGNUSON George ALEXANDER

1. Office, Agency, or Court

Agency Name: WESTERN PLACER WASTE MANAGEMENT Authority
Division, Board, Department, District, if applicable: J.P.A.
Your Position: BOARD member / Director

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

Agency: Position:

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

- State, Multi-County, City of, Judge or Court Commissioner (Statewide Jurisdiction), County of, Other (JPA)

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2011, through December 31, 2011.
Assuming Office: Date assumed
Candidate: Election Year
Leaving Office: Date Left
The period covered is January 1, 2011, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page:

- 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

None - No reportable interests on any schedule

5. Verification

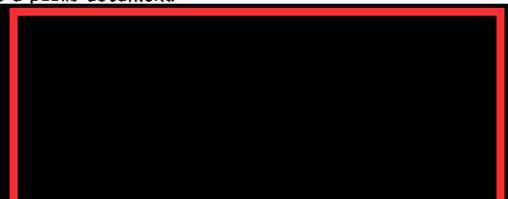
MAILING ADDRESS: 3970 Rocklin Road, Rocklin, CA 95677
DAYTIME TELEPHONE NUMBER: (916) 324-3244
E-MAIL ADDRESS (OPTIONAL)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed: 2/10/12 (month, day, year)

Signature



STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

3 of 3 Cover Pages

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MAGNUSON GEORGE ALEXANDER

1. Office, Agency, or Court

Agency Name: State of California
Division, Board, Department, District, if applicable: Department of Housing and Community Development - HCD Rep III
Your Position: _____

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

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2011, through December 31, 2011. Leaving Office: Date Left _____ (Check one)
- or- The period covered is _____ through December 31, 2011. The period covered is January 1, 2011, through the date of leaving office.
- Assuming Office: Date assumed _____ 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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
3970 Rocklin Road Rocklin CA 95670
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(916) 324-3244

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/10/12
(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
George Alexander Magnuson

▶ NAME OF BUSINESS ENTITY
Umpqua Bank

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL BANKING

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:
 _____ / _____ / 11 _____ / _____ / 11
 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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Western Life Ins. Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
LIFE INSURANCE

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:
 _____ / _____ / 11 _____ / _____ / 11
 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:
 _____ / _____ / 11 _____ / _____ / 11
 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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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 \$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:
 _____ / _____ / 11 _____ / _____ / 11
 ACQUIRED DISPOSED

Comments: _____

