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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

2013 MAR 27 PM 1:48



Please type or print in ink.

NAME OF FILER (LAST) CHAPMAN (FIRST) JIM (MIDDLE)

1. Office, Agency, or Court

Agency Name: LASSEN COUNTY BOARD OF SUPERVISORS
Division, Board, Department, District, if applicable: DISTRICT 2
Your Position: MEMBER

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

Agency: see attached list from County Clerk's office Position:

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

- State
Multi-County Exec Bd PSA 2, Area Agency on Aging
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other Lassen-Plumas-Sierra Com Action Agcy JPA

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

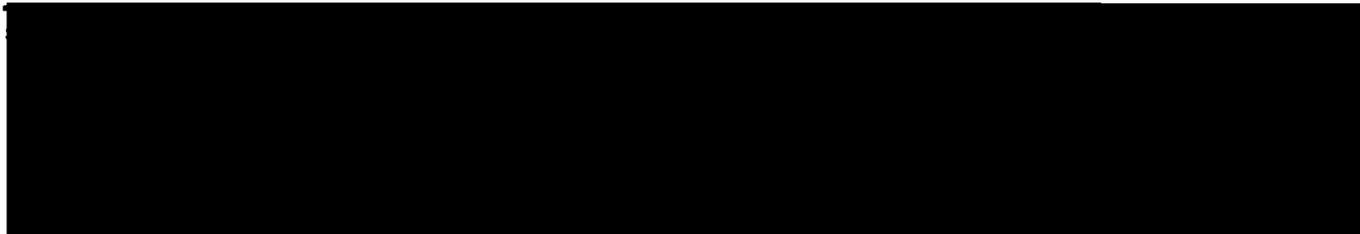
- Annual: The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is through December 31, 2012.
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.
The period covered is through the date of leaving office.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 7

- 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 have used all reasonable diligences in preparing the statement herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 03/22/2013 (month, day, year)

SUPERVISOR CHAPMAN
2012 COMMITTEE APPOINTMENTS

CSAC BOARD OF DIRECTORS

LAFCo

NORTEC JPA GOVERNING BOARD

PSA2/AAA JPA EXECUTIVE BOARD

LASSEN-PLUMAS-SIERRA COMMUNITY ACTION AGENCY JPA

LASSEN REGIONAL SOLID WASTE MANAGEMENT AUTHORITY – Alternate

MENTAL HEALTH ADVISORY BOARD

TRANSPORTATION COMMISSION

LASSEN TRANSIT SERVICE AGENCY

SUSANVILLE VETERANS MEMORIAL BUILDING TASK FORCE

ABANDONED VEHICLE ABATEMENT SERVICE AUTHORITY

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 JIM CHAPMAN

▶ 1. BUSINESS ENTITY OR TRUST

LASSEN ADDRESSING SERVICE

Name _____

203 MAPLE ST., SUSANVILLE, CA 96130

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"/> \$0 - \$1,999	_____ / _____ / 12	_____ / _____ / 12
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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)

None

attached list of accounts showing sources of revenue in excess of \$500.

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

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	_____ / _____ / 12	_____ / _____ / 12
<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 _____ Yrs. remaining Other _____

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:

<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / 12	_____ / _____ / 12
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

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	_____ / _____ / 12	_____ / _____ / 12
<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 _____ Yrs. remaining Other _____

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

Comments: _____

File	CLIENT				TOTAL INVOICES
01-42	Lassen High Alumni Assn				\$3,993.25
01-71	Albaugh Supervisor 2012				\$1,130.63
02-11	Billington Ace Hardware				\$2,723.17
02-72	Bonham Supervisor 2012				\$1,780.62
02-78	Bob Burns for Judge 2012				\$6,817.63
03-11	Carol Curry CPA				\$2,509.06
03-43	CRTA Chapter #76				\$876.85
03-71	Friends of Jim Chapman 2012				\$2,380.54
04-11	D & L Distributing				\$1,345.29
05-41	BPO Elks #1487				\$2,135.96
08-41	Lassen Historical Society				\$1,913.32
11-72	Steve King for Judge				\$871.21
12-11	LP Gas				\$1,669.90
12-31	Lahontan Images				\$2,505.62
12-36	Lassen County Federal Credit Union				\$988.17
12-43	Lassen County Chamber of Commerce				\$5,280.52
13-11	Morning Glory Dairy				\$862.55
14-11	New Image Racquetball				\$762.20
16-75	Comm to Elect Bob Pyle				\$1,016.76
19-31	Susanville Supermarket				\$2,708.96
19-37	Susanville Dental Care				\$795.27
19-45	Susanville Symphony				\$10,146.25
	<i>Accounts Over \$500.00</i>				\$55,213.73
	<i>Accounts Under \$500.00</i>				\$5,678.82
	BUSINESS REVENUES for Jan 1, 2012-Dec 31,2012				\$60,892.55

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

Name
JIM CHAPMAN

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
NoRTEC

ADDRESS (Business Address Acceptable)
525 WALL ST

CITY AND STATE
CHICO, CA 95928

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
11-county JPA for Job Training Programs

DATE(S): 01/01/12 - 12/31/12 AMT: \$ **243.09**
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Travel expenses for attending meetings of the
Governing Board/WIB. (see attached)

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

NoRTEC
Vendor Activity
From 1/1/2012 Through 12/31/2012

Jim Chapman

<u>GL Code</u>	<u>GL Short Title</u>	<u>Expenses</u>
5910	WIB/GB - Travel	<u>243.09</u>
	Total J Chapman - Jim Chapman	<u>243.09</u>