

Please type or print in ink.

RECEIVED
COVER PAGE
FAIR POLITICAL
PRACTICES COMMISSION

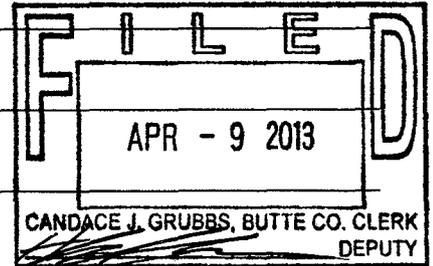
Amended to include 5th



NAME OF FILER (LAST) Connelly (FIRST) William (MIDDLE) Francis
2013 APR 15 PM 3:58

1. Office, Agency, or Court

Agency Name
Butte County Board of Supervisors
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
District 1 Supervisor



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

Agency: Butte County and attached list Position: _____

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

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

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.
- Assuming Office:** Date assumed _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is _____ through the date of leaving office.
- 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: _____

- 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

5. [Redacted]

I have used all reasonable diligence in preparing this statement. I certify that the information contained herein and in any attached schedules is true and complete. I acknowledge that this statement and any attached schedules are public records. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 08 April 2013
(month, day, year)

2012 Statement of Economic Interests Form 700

Additional Agencies/Positions



Butte County Association of Governments	Board Member
Butte County Air Quality Board	Board Member
LAFCO	Board Member
Indian Gaming Board	Board Member
ORAC	Board Member
<u>Sutter-Butte Flood Control Agency</u>	Board Member
Biggs-Gridley Hospital JPA	Board Member
Northern Sacramento Valley Integrated Regional Water Management Group	
CA Integrated Waste Management Task Force	Board Member
Sierra-Sacramento Valley EMS Agency JPA	Board Member

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Connelly's Professional Services

Name
5280 Lower Wyandotte Road Oroville, CA 95966
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
General and Roofing Contractor

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 checked="" 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/contractor

▶ 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 checked="" 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
see attached list

▶ 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 _____ Other _____
Yrs. remaining

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

▶ 1. BUSINESS ENTITY OR TRUST

Connelly's Enterprises

Name
5280 Lower Wyandotte Road Oroville, CA 95966
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
licensed gun broker

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input checked="" 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 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

▶ 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

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<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 _____ Other _____
Yrs. remaining

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

Comments: _____

2012 Single Sources of Income over \$10,000-Roofing Customers

Victor Trujillo

CHIP

Marskey Property Management for Jim Ledgerwood

Taco Be

Clayton Gunn

Christopher Young

Ed & Shirley Lazzareschi

Dr. Steven Fletcher

SCHEDULE D
Income - Gifts

Name
William F. Connelly

▶ NAME OF SOURCE (Not an Acronym)
Angela Mastelotto

ADDRESS (Business Address Acceptable)
1226 Mt. Ida Road

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oroville, CA 95966

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 02 / 12	\$ 50	tickets to OEDCO
04 / 13 / 12	\$ 30	Mr. Beautiful ticket
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Hank Broderson

ADDRESS (Business Address Acceptable)
1 Hall Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oroville, CA 95966

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 12	\$ 100	gc to gold country
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Chuck Reynolds

ADDRESS (Business Address Acceptable)
405 Grand Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oroville, CA 95965

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 04 / 12	\$ 200	fishing trip
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Sierra Oro Farm Trail

ADDRESS (Business Address Acceptable)
Oroville, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 06 / 12	\$ 50	2 passport tickets
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Steven Seidenglanz

ADDRESS (Business Address Acceptable)
4801 Feather River Blvd. #29

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oroville, CA 95965

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 12	\$ 450	use of trailer for 9 days
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <hr/>
--

- 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)
Rural County Representatives of California

ADDRESS (Business Address Acceptable)
1215 K Street

CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 02 / 24 / 12 - ____ / ____ / ____ AMT: \$ 6.48
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
meal provided at a meeting

▶ 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)

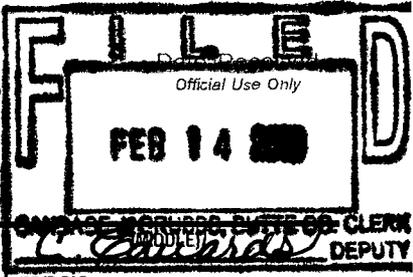
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____



RECEIVED
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Please type or print in ink.

NAME OF FILER

(LAST)

Connelly

(FIRST)

2013 FEB 15 AM 11:51
William

Francis

1. Office, Agency, or Court

Agency Name

Butte County Board of Supervisors

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

District 1 Supervisor

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

Agency: Butte County and attached list

Position:

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

State

Multi-County

City of

Judge or Court Commissioner (Statewide Jurisdiction)

County of Butte

Other

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.

Assuming Office: Date assumed _____

Candidate: Election year _____ and office sought, if different than Part 1: _____

Leaving Office: Date Left _____ (Check one)

The period covered is January 1, 2012, 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: _____

Schedule A-1 - Investments - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule B - Real Property - schedule attached

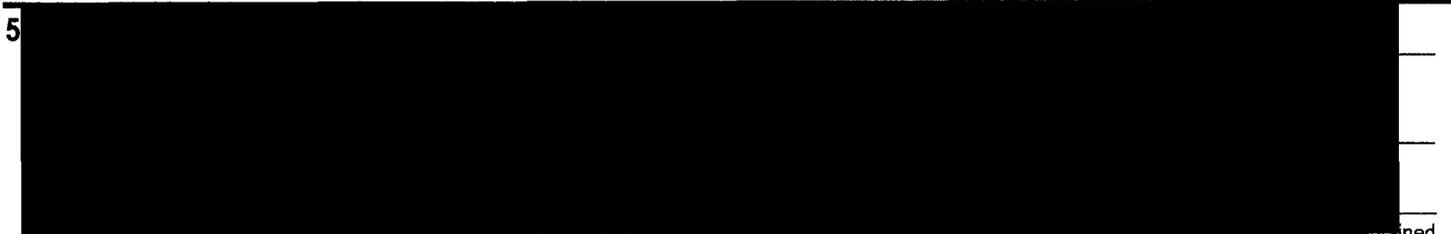
Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I ac

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

Date Signed

2-13-2013
(month, day, year)

2012 Statement of Economic Interests Form 700

Additional Agencies/Positions

Butte County Association of Governments	Board Member
Butte County Air Quality Board	Board Member
LAFCO	Board Member
Indian Gaming Board	Board Member
ORAC	Board Member
GP Sutter-Butte Flood Control Agency	Board Member
Biggs-Gridley Hospital JPA	Board Member
Northern Sacramento Valley Integrated Regional Water Management Group	
CA Integrated Waste Management Task Force	Board Member
Sierra-Sacramento Valley EMS Agency JPA	Board Member

2012 Single Sources of Income over \$10,000-Roofing Customers

Victor Trujillo

CHIP

Marskey Property Management for Jim Ledgerwood

Taco Bell

Clayton Gunn

Christopher Young

Ed & Shirley Lazzareschi

Dr. Steven Fletcher

SCHEDULE D
Income - Gifts

Name
William F. Connelly

▶ NAME OF SOURCE *(Not an Acronym)*
Angela Mastelotto

ADDRESS *(Business Address Acceptable)*
1226 Mt. Ida Road

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oroville, CA 95966

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 02 / 12	\$ 50	tickets to OEDCO
04 / 13 / 12	\$ 30	Mr. Beautiful ticket
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Hank Broderson

ADDRESS *(Business Address Acceptable)*
1 Hall Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oroville, CA 95966

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 12	\$ 100	gc to gold country
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Chuck Reynolds

ADDRESS *(Business Address Acceptable)*
405 Grand Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oroville, CA 95965

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 04 / 12	\$ 200	fishing trip
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Sierra Oro Farm Trail

ADDRESS *(Business Address Acceptable)*
Oroville, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 06 / 12	\$ 50	2 passport tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Steven Seidenglanz

ADDRESS *(Business Address Acceptable)*
4801 Feather River Blvd. #29

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oroville, CA 95965

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 22 / 12	\$ 450	use of trailer for 9 days
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____