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Official Use Only

APR 19 2013

KATHLEEN MORAN  
COLUSA COUNTY CLERK-RECORDER

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

RECEIVED  
**STATEMENT OF ECONOMIC INTERESTS**  
FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**  
PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Indrieri Thomas A

**1. Office, Agency, or Court**

Agency Name  
Board of Supervisors  
Division, Board, Department, District, if applicable  
District II  
Your Position  
Supervisor

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

Agency: see attached Position: Board member

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

State  
 Multi-County  
 City of  
 Judge or Court Commissioner (Statewide Jurisdiction)  
 County of Colusa  
 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: 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



herein and in any attached schedules is true and complete. I acknowledge that this statement and the schedules attached are true and correct.  
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4-16-13  
(month, day, year)

FORM 700 STATEMENT OF ECONOMIC INTERESTS FOR CALENDAR YEAR 2012

List of Agencies and Member Counties

Colusa County

Thomas A. Indrieri



AGENCY

POSITION

Local Agency Formation Commission (LAFCo)

Board member

List of Member Counties

Colusa County

AGENCY

POSITION

Airport Advisory Committee

Board member

List of Member Counties

Colusa County



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

- 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)  
 Regional Council of Rural Counties(RCRC)

ADDRESS (Business Address Acceptable)  
 1215 K Street, Suite 1650

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 04 / 18 / 12 - 04 / 18 / 12 AMT: \$ 60.86  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
 Attended dinner on 4/18/12

▶ 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

**Filer's Verification**

Print Name Thomas A. Indrieri

Office, Agency or Court Board of Supervisors

Statement Type  2012/2013 Annual  Assuming  Leaving  
 \_\_\_\_ (yr) Annual  Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/10/12 (d)(5)

Filer's Sign

Comments: \_\_\_\_\_

2012 DELEGATE EXPENSE



County: **Colusa**  
 Delegate: **T. Indrieri**

<u>Meals provided at meetings:</u>	<u>Amount</u>
Prior year expenses pd in 2012	
RCRC Board Meeting: 1/18/12	
RCRC Board Officer Meeting: 1/19/12	
MOA Meeting: 2/24/12	
Executive Committee Meeting: 2/22/12	
RCRC Board Meeting: 3/14/12	
ESJPA Board Meeting: 3/15/12	
RCRC Board Meeting (Colusa): 4/19/12	
Executive Committee Meeting: 5/23/12	
RCRC Board Meeting: 6/13/12	
ESJPA Board Meeting: 6/14/12	
Executive Committee Meeting: 8/1/12	
RCRC Board Meeting: 8/15/12	
ESJPA Board Meeting: 8/16/12	
RCRC Board Meeting (Annual Conference): 9/21/12	
Executive Committee Meeting: 10/17/12	
ESJPA Board Meeting: 10/18/12	
Executive Committee Meeting: 11/14/12	
RCRC Board Meeting: 12/5/12	
ESJPA Board Meeting: 12/6/12	
<hr/>	
<u>Expense Reimbursements:</u>	To Delegate:
	To County for Delegate:
<u>Expenses paid by RCRC on behalf of Supervisor:</u>	
Meetings with Staff:	
Officer Installation: 1/18/12	
NACo Legislative Meeting: 3/3-7/12	
CSAC Registration:	
Colusa Dinner: 4/18/12	60.86
NACo WIR Registration: 5/16-18/12	
NACo Meals with Staff: 5/16-18/12	
NACo Travel 7/13-17/12	
NACo Annual Meeting Meals with Staff: 7/13-17/12	
NACo Annual Meeting	
<b>Total Expenses:</b>	<b>60.86</b>

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
COVER PAGE

MAR 19 2013

Please type or print in ink.

NAME OF FILER (LAST) Indrieri (FIRST) Thomas (MIDDLE) KATHLEEN MORAN

1. Office, Agency, or Court

COLUSA COUNTY CLERK-RECORDER

Agency Name: Colusa County Board of Supervisors  
Division, Board, Department, District, if applicable: District II  
Your Position: Supervisor

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

Agency: Multiple positions, see attached Position: Board member

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

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

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

- Annual: The period covered is January 1, 2012, through December 31, 2012. Leaving Office: Date Left, The period covered is January 1, 2012, through the date of leaving office. Assuming Office: Date assumed, 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: 4

- 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. I certify under penalty of perjury under the laws of the State of California that the information herein and in any attached schedules is true and complete. I acknowledge that I am subject to the provisions of the Political Reform Act of 1974, as amended. Date Signed 3-19-13 (month, day, year)

**FORM 700 STATEMENT OF ECONOMIC INTERESTS FOR CALENDAR YEAR 2012**

**List of Agencies and Member Counties**

**Colusa County**

**Thomas A. Indrieri**

**AGENCY**

**POSITION**

Local Agency Formation Commission (LAFCo)

Board member

**List of Member Counties**

Colusa County

**AGENCY**

**POSITION**

Airport Advisory Committee

Board member

**List of Member Counties**

Colusa County

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Thomas A. Indrieri</u>

**▶ 1. BUSINESS ENTITY OR TRUST**

Tommy's Market Street Grill  
Name  
415 Market Street, Colusa, CA 95932  
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
<u>Restaurant</u>	
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	
<input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other	
YOUR BUSINESS POSITION: <u>Owner</u>	

**▶ 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	
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other	
YOUR BUSINESS POSITION: _____	

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

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

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

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$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  
N/A

**▶ 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

Building for Restaurant Business  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Tommy's Market Street Grill  
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 checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

**▶ 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	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: Purchased building at 415 Market Street Nov. 2012

