

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

FILED

D MAR 11 2013

Please type or print in ink.

NAME OF FILER (LAST) Marshall (FIRST) Mark (MIDDLE) D



1. Office, Agency, or Court

Agency Name KATHLEEN MORAN  
County of Colusa Board of Supervisors COLUSA COUNTY CLERK-RECORDER  
Division, Board, Department, District, if applicable Your Position  
District III Supervisor

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

Agency: Multiple positions, See attached Position: Board member/Board member-Alt

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County see attached  County of Colusa
- City of  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 \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  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: 7

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

Date Signed 3-11-13 (month, day, year)

**FORM 700 STATEMENT OF ECONOMIC INTERESTS FOR CALENDAR YEAR 2012**  
**List of Agencies and Member Counties**

**Colusa County**

**Mark Marshall**

**AGENCY**

**POSITION**

Regional Council Rural Counties

Board member-Alt

CRHMFA Homebuyers Fund

Board member-Alt

California Local Government Finance Authority

Board member-Alt

**List of Member Counties**

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	Shasta County
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County	Sutter County
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolumne County
Merced County	Yolo County
	Yuba County

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

**List of Agencies and Member Counties**

**Colusa County**

**Mark Marshall**

**AGENCY**

**POSITION**

California State Association of Counties (CSAC)

Board member-Alt

CSAC Excess Insurance Authority (CSAC-EIA)

Board member-Alt

**List of Member Counties**

Alameda County	Mendocino County	Shasta County
Alpine County	Merced County	Sierra County
Amador County	Modoc County	Siskiyou County
Butte County	Mono County	Solano County
Calaveras County	Monterey County	Sonoma County
Colusa County	Napa County	Stanislaus County
Contra Costa County	Nevada County	Sutter County
Del Norte County	Orange County	Tehama County
El Dorado County	Placer County	Trinity County
Fresno County	Plumas County	Tulare County
Glenn County	Riverside County	Tuolumne County
Humboldt County	Sacramento County	Ventura County
Imperial County	San Benito County	Yolo County
Inyo County	San Bernardino County	Yuba County
Kern County	San Diego County	
Kings County	San Francisco City & County	
Lake County	San Joaquin County	
Lassen County	San Luis Obispo County	
Los Angeles County	San Mateo	
Madera County	Santa Barbara County	
Marin County	Santa Clara County	
Mariposa County	Santa Cruz County	

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

**List of Agencies and Member Counties**

**Colusa County**

**Mark Marshall**

**AGENCY**

**POSITION**

National Association of Counties (NACo)

Board member

**List of Member Counties**

Alameda County	Mendocino County	Shasta County
Alpine County	Merced County	Sierra County
Amador County	Modoc County	Siskiyou County
Butte County	Mono County	Solano County
Calaveras County	Monterey County	Sonoma County
Colusa County	Napa County	Stanislaus County
Contra Costa County	Nevada County	Sutter County
Del Norte County	Orange County	Tehama County
El Dorado County	Placer County	Trinity County
Fresno County	Plumas County	Tulare County
Glenn County	Riverside County	Tuolumne County
Humboldt County	Sacramento County	Ventura County
Imperial County	San Benito County	Yolo County
Inyo County	San Bernardino County	Yuba County
Kern County	San Diego County	
Kings County	San Francisco City & County	
Lake County	San Joaquin County	
Lassen County	San Luis Obispo County	
Los Angeles County	San Mateo	
Madera County	Santa Barbara County	
Marin County	Santa Clara County	
Mariposa County	Santa Cruz County	

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Mark D. Marshall

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Ardee, Inc.</u>	NAME OF SOURCE OF INCOME <u>Wayman's 76 Gas Station</u>
ADDRESS (Business Address Acceptable) <u>247 W Sycamore, Willows CA</u>	ADDRESS (Business Address Acceptable) <u>Interstate 5 &amp; E St., Williams CA 95987</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Insurance</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Retail sales</u>
YOUR BUSINESS POSITION <u>Safety Officer</u>	YOUR BUSINESS POSITION <u>None</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE:	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	<small>Street address</small>
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		<small>City</small>
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

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

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

Name  
 Mark D. Marshall

- 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

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): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 79.86  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
 Travel And Meal Expenses Related To Volunteer Services On The RCRC Board.

▶ 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: \_\_\_\_\_

2012 DELEGATE EXPENSE

County: **Colusa**  
 Delegate: **M. Marshall**

<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	

Expense Reimbursements: To Delegate:  
 To County for Delegate:

Expenses paid by RCRC on behalf of Supervisor:

Meetings with Staff:	19.00
Officer Installation: 1/18/12	
NACo Legislative Meeting: 3/3-7/12	
CSAC Registration:	
RCRC Board Meeting (Colusa) Lodging: 4/18-19/12	
NACo Meeting April	
Colusa Tour: 4/18/12	
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	
Phone Cards/Communication Eqpt.:	
Gifts - \$420 limit:	
Awards - \$250 limit:	
Total Expenses:	<b>79.86</b>

**Please record on your  
 SCHEDULE - E**