

FEB 26 2013

2013 MAY -7 PM 3:43



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Neves Joe Allen

1. Office, Agency, or Court

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

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

Agency: See attached Position:

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

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

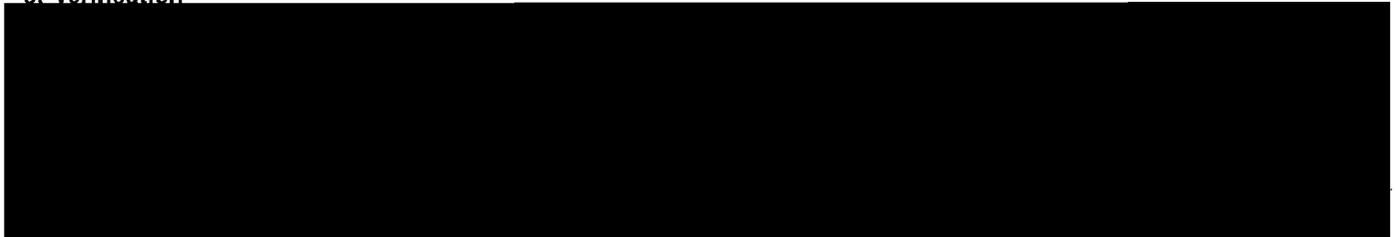
3. Type of Statement (Check at least one box)

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

5. Verification



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

Date Signed 2/26/13
(month, day, year)

FEB 26 2014

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Neves, Joe Allen

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Kings County

ADDRESS (Business Address Acceptable)
 1400 W. Lacey Blvd., Hanford, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 County Government

YOUR BUSINESS POSITION
 Supervisor

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Huron Ginning Co.

ADDRESS (Business Address Acceptable)
 P.O. Box 460, Huron, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Cotton Gin

YOUR BUSINESS POSITION
 Office Manager

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

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:

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

FEB 26 2013

JOE NEVES

Attachment to form 700 - 2012/2013

<u>Agency</u>	<u>Position</u>	<u>Copy/Original</u>
Elections	Board member	Original
Kings County Association of Governments (KCAG)	Board member	Original
Kings County Public Transit Authority (KAPTA)	Board member	Original
CalVans	Board member	Original
Kings Waste & Recycling Authority (KWRA)	Board member	Original
Local Agency Formation Commission (LAFCO)	Board member	Original
Kings County Housing Authority	Board member	Original
Kings In Home Supportive Services (IHSS)	Board member	Original
Kings County Public Finance Authority (KCPFA)	Board member	Original
First 5 Children & Families Commission	Board member	Original
Tri-County (Fresno-Kings-Madera) Health Authority Commission	Board member	Original
Indian Gaming Local Community Benefit Committee	Board member	Original