

Date Received
MAR 12 2013
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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

A PUBLIC DOCUMENT

INYO CO. CLERK
KAMMI FOOTE, CLERK
BY  DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) PUCCI (FIRST) RICK (MIDDLE)



1. Office, Agency, or Court

Agency Name
INYO COUNTY
Division, Board, Department, District, if applicable
3RD DISTRICT
Your Position
SUPERVISOR

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

Agency: SEE ATTACHMENT Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of INYO
- 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)
- 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: 3

- 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 3-12-13
(month, day, year)

SCHEDULE D
Income - Gifts

Name
RICK PUCI

▶ NAME OF SOURCE (Not an Acronym)
18th AGRICULTURAL DISTRICT (FAIR)
 ADDRESS (Business Address Acceptable)
P.O. BOX 608 Bishop CA 93515
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
COUNTY FAIR (I MYO IS A PARTICIPANT)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/1/12</u>	<u>\$30.00</u>	<u>1-5 DAY PASS</u>
<u>9/1/12</u>	<u>\$30.00</u>	<u>1-5 DAY PASS</u>
<u> </u>	<u>\$ </u>	<u>TOTAL 2 FAIR PASSES</u>

▶ 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)
<u> </u>	<u>\$ </u>	<u> </u>
<u> </u>	<u>\$ </u>	<u> </u>
<u> </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> </u>	<u>\$ </u>	<u> </u>
<u> </u>	<u>\$ </u>	<u> </u>
<u> </u>	<u>\$ </u>	<u> </u>

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 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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

Comments: _____

ATTACHMENT TO 700 FORM

AGENCY

POSITION

AGRICULTURAL RESOURCES ADVISORY BOARD	MEMBER
AVIATION ADVISORY COMMITTEE NORTHERN	MEMBER
CITY OF BISHOP LIAISON COMMITTEE	MEMBER
FINANCIAL ADVISORY COMMITTEE	MEMBER
INDIAN GAMING LOCAL COMM AGREEMENT	MEMBER
INYO FISH & WILDLIFE COMMITTEE	MEMBER
LAW LIBRARY BOARD OF TRUSTEES	TRUSTEE
LOCAL AGENCY FORMATION COMMISSION	COMMISSIONER
LOCAL TRANSPORTATION COMMISSION	COMMISSIONER
MENTAL HEALTH ADVISORY BOARD	MEMBER
RANDOM ACCESS NETWORK BOARD	MEMBER
STANDING WATER COMMITTEE	MEMBER
INTERNAL OPERATIONS COMMITTEE	MEMBER

STATEMENT OF ECONOMIC INTERESTS

FILED
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JAN 22 2013

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RECEIVED
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FAIR POLITICAL
PRACTICES COMMISSION

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NAME OF FILER Pucci (LAST) 2013 FEB -4 (FIRST) 3:21 BY [Signature] (MIDDLE) DEPUTY RICK

1. Office, Agency, or Court

Agency Name INYO COUNTY
Division, Board, Department, District, if applicable BOARD OF SUPERVISOR
3rd DISTRICT Your Position

► If filing for multiple positions, list below or on an attachment.
Agency: INDIAN GAMING COMMISSION Position: member
LOCAL TRANSPORTATION Position: COMMISSIONER

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of INYO
 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 _____
 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

5. [Redacted Signature Area]

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 1-21-13
(month, day, year)

SCHEDULE D
Income – Gifts

Name
RICK PUCI

▶ NAME OF SOURCE (Not an Acronym)
18th AGRICULTURAL DISTRICT (FAIR)
ADDRESS (Business Address Acceptable)
P.O. BOX 608 BISHOP CA 93515
BUSINESS ACTIVITY, IF ANY, OF SOURCE

COUNTY FAIR (I MYO IS A PARTICIPANT)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/1/12</u>	<u>\$30.00</u>	<u>1-5 DAY PASS</u>
<u>9/1/12</u>	<u>\$30.00</u>	<u>1-5 DAY PASS</u>
<u> / / </u>	<u> \$ </u>	<u>TOTAL 2 FAIR PASSES</u>

▶ 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)
<u> / / </u>	<u> \$ </u>	<u> </u>
<u> / / </u>	<u> \$ </u>	<u> </u>
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<u> / / </u>	<u> \$ </u>	<u> </u>
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<u> / / </u>	<u> \$ </u>	<u> </u>
<u> / / </u>	<u> \$ </u>	<u> </u>

Comments: _____

FEB 25 2013

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PRACTICES COMMISSION

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INYO CO. CLERK
KAMMI FOOTE, CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BY (MIDDLE) DEPUTY
PUCCI 2013 MAR 25 PM 1:32 RICK

1. Office, Agency, or Court

Agency Name

INYO COUNTY

BOARD OF SUPERVISOR

Division, Board, Department, District, if applicable

Your Position

3rd DISTRICT

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

Agency: LOCAL TRANSPORTATION

Position: COMMISSIONER

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

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Date Signed 1-21-13
(month, day, year)

SCHEDULE D
Income – Gifts

Name
RICK PUCCI

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ADDRESS (Business Address Acceptable)
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BUSINESS ACTIVITY, IF ANY, OF SOURCE
COUNTY FAIR (I AM A PARTICIPANT)

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Comments: _____