



STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

RECEIVED FAIR POLITICAL PRACTICES COMMISSION COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE) Rice, Catherine Lloyd

1. Office, Agency, or Court

Agency Name COUNTY OF MARIN Division, Board, Department, District, if applicable Board of Supervisors Your Position Supervisor District 2 Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

- State Multi-County City of Judge or Court Commissioner (Statewide Jurisdiction) County of Marin 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: 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 None - No reportable interests on any schedule



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

Date Signed 02/19/2013 (month, day, year)

Agency	Division, Board, Department, District	Position
COUNTY OF MARIN	Children and Families Commission	Member
COUNTY OF MARIN	Housing Authority of Marin	Member
COUNTY OF MARIN	Marin County Transit District	Member
COUNTY OF MARIN	San Rafael Sanitation District	Member
COUNTY OF MARIN	Transportation Authority of Marin	Member
COUNTY OF MARIN	Gateway Improvement Authority	Member
COUNTY OF MARIN	Gateway Refinancing Authority	Member
COUNTY OF MARIN	Capital Improvements Financing Autho	Member
COUNTY OF MARIN	Flood Control & Water Conservation	Member
COUNTY OF MARIN	Open Space District	Member
COUNTY OF MARIN	Mental Health Board	Member
COUNTY OF MARIN	FireSafe Marin	Member

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Rice, Catherine Lloyd</u>

▶ NAME OF BUSINESS ENTITY
Exxon Mobil

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Colgate-Palmolive

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
various

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Power

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
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IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____

