



RECEIVED COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

MAR 18 2013

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ADAMS, III 2013 MARLEANDY HES I GARROW
WEATHERS COUNTY CLERK
By: [Signature]

1. Office, Agency, or Court

Agency Name
SIERRA COUNTY
Division, Board, Department, District, if applicable
BOARD OF SUPERVISORS
Your Position
COUNTY SUPERVISOR, DISTRICT ONE

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

Agency: SEE ATTACHED LIST Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County SEE ATTACHED LIST County of SIERRA
 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.
 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
-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 3/16/2013
(month, day, year)

AGENCY/POSITION LIST

COUNTY OF SIERRA
COUNTY OF SIERRA
COUNTY OF SIERRA

COUNTY OF SIERRA
REGIONAL COUNCIL OF RURAL COUNTIES
CRHMFA, HOMEBUYERS FUND
CALIF RURAL HOME MORTGAGE FIN CORP
RURAL HEALTH JPA
ENVIRONMENTAL SERVICES JPA
PAC FOREST STEWARDSHIP COUNCIL
RCRC

COUNTY SUPERVISOR, DISTRICT ONE
DIRECTOR, SERVICE AREA NO. ONE
DIRECTOR, BOARD OF EQUALIZATION
DIST ONE

LAFCO, ALTERNATE MEMBER
BOARD OF DIRECTORS, MEMBER
DELEGATE
DELEGATE
DELEGATE
DELEGATE
ALTERNATE DELEGATE, REPRESENTING

TREASURER
ALTERNATE MEMBER
DELEGATE
DELEGATE
BOARD OF DIRECTORS, MEMBER
BOARD OF DIRECTORS, ALT. MEMBER

GP PAC FOREST STEWARDSHIP COUNCIL
GP NORTHERN SIERRA AIR QUAL MGMT. DIST.
SIERRA ECONOMIC DEVELOPMENT CORP
SIERRA PLANNING ORGANIZATION
CALIFORNIA STATE ASSN OF COUNTIES
NOR CAL EMERGENCY MEDICAL SERVICES, INC.

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

Name
LELAND C. 'LEE' ADAMS III

- 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)
LOCAL GOVT ASSN

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 3,406.36
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

TRAVEL, MEAL, & LODGING REIMB RELATED TO VOLUNTEER SERVICES ON RCRC BOARD

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA STATE ASSOCIATION OF COUNTIES

ADDRESS (Business Address Acceptable)
1100 K STREET, SUITE 101

CITY AND STATE
SACRAMENTO, CA 95814

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

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 960.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

TRAVEL, MEAL, & LODGING REIMB RELATED TO VOLUNTEER SERVICES ON CSAC BOARD

▶ NAME OF SOURCE (Not an Acronym)
NORTHERN SIERRA AIR QUALITY MGMT DIST

ADDRESS (Business Address Acceptable)
200 LITTON DRIVE, SUITE 320 PO BOX 2509

CITY AND STATE
GRASS VALLEY, CA 95945

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LOCAL AIR MGMT DIST

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 413.12
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

TRAVEL REIMB & MEETING STIPEND RELATED TO VOLUNTEER SERVICES ON NSAQMD BOARD

▶ NAME OF SOURCE (Not an Acronym)
SIERRA ECONOMIC DEVELOPMENT CORP

ADDRESS (Business Address Acceptable)
560 WALL STREET, SUITE F

CITY AND STATE
AUBURN, CA 95603

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

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 325.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

TRAVEL REIMB RELATED TO VOLUNTEER SERVICES ON SEDCORP BOARD

Comments: _____

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)
 PACIFIC FOREST STEWARDSHIP COUNCIL

ADDRESS (Business Address Acceptable)
 15 N. ELLSWORTH

CITY AND STATE
 SAN MATEO, CA 94401

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 LAND CONSERVATION NON PROFIT

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 199.26
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

MEAL COSTS RELATED TO VOLUNTEER SERVICES ON PFSC BOARD

▶ NAME OF SOURCE (Not an Acronym)
 NOR CAL EMER MED SERVICES AGENCY

ADDRESS (Business Address Acceptable)
 457 KNOLLCREST DRIVE, SUITE 120

CITY AND STATE
 REDDING, CA 96002

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

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 411.28
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

MEAL, TRAVEL, & LODGING REIMB RELATED TO VOLUNTEER SERVICES ON NOR CAL EMS 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

Comments: _____