



STATEMENT OF ECONOMIC INTERESTS

RECEIVED
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RECEIVED FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

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

Chamberlain

Duane

2013 MAR 13 PM 12:23

1. Office, Agency, or Court

Agency Name: Yolo County Board of Supervisors
Your Position: Supervisor
Division, Board, Department, District, if applicable: 5th District

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

Agency: Yolo County Board of Supervisors, Recog...
Position: board member

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

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

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
Assuming Office: Date assumed
Candidate: Election year
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.

4. Schedule Summary

- 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
None - No reportable interests on any schedule

5. Verification



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

Date Signed 3.1.13 (month, day, year)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Duane Chamberlain</u>

▶ NAME OF BUSINESS ENTITY  
Kitchen 429

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
restaurant

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 Limited Partnership Interest  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 12             /        / 12  
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:  
       /        / 12             /        / 12  
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 \$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:  
       /        / 12             /        / 12  
ACQUIRED                      DISPOSED

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$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  
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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  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 12             /        / 12  
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:  
       /        / 12             /        / 12  
ACQUIRED                      DISPOSED

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





**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 22130 County Road 94

CITY  
 Woodland, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /12      DISPOSED     /    /12

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 40-180-009 & 014

CITY  
 Woodland, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /12      DISPOSED     /    /12

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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\*  
 Agri-Access

ADDRESS (Business Address Acceptable)  
 P O Box 7438, Rochester, MN 55903

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)  
 4%       None      5 years

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\*  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

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















Duane Chamberlain

CHAMBERLAIN FARMS  
INCOME SOURCES MORE THAN \$10,000

Chris Baker  
Dave Bianchi  
Blasing Feed  
Cal Expo State Fair & Cavalcade  
Cerri Feed  
CJS Ranch Supply  
Finley Farming, Inc.  
GK Farms  
Tom Gerrity  
Goodyear Hay Mart  
Jason Johnson  
Geary Lyons  
McAbee Trucking Co.  
Menne Ranch  
Nilsen Feed  
Nick Nimmo Hay  
Melvin Wheeler & Sons  
Charlie White Hay Sales

Duane Chamberlain

Windmill Feed  
Income Sources more than \$10,000.00

Marsha Anderson  
Antibodies, Inc.  
T S Glide Ranch

2012 DELEGATE EXPENSE

County: **Yolo**  
 Delegate: **D. Chamberlain**

<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	33.45
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	32.64
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:	
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	
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:	
<b>Total Expenses:</b>	<b>66.09</b>

**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)  
Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)  
1215 K St. Suite 1050

CITY AND STATE  
Sacramento, CA 95814

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

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

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
lunch

▶ 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: \_\_\_\_\_