



CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

RECEIVED
 FAIR POLITICAL PRACTICES COMMISSION
 STATEMENT OF ECONOMIC INTERESTS
 2013 MAY -7 COVER PAGE

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 APR 01 2013
 TRINITY COUNTY
 CLERK & RECORDER

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

Agency: See Attached List Position: Alternate

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

State
 Multi-County See Attached List
 City of _____
 Judge or Court Commissioner (Statewide Jurisdiction)
 County 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

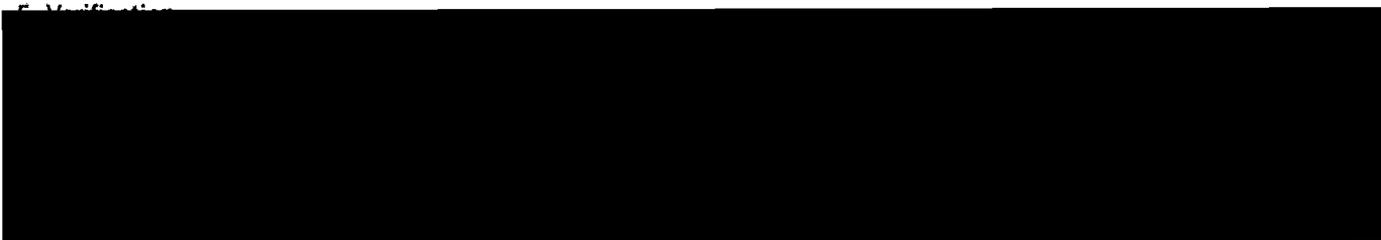
Check applicable schedules or "None."

► Total number of pages including this cover page: 7

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



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

Date Signed: 4-1-13
 (month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Chapman Debra

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
First 5 Trinity

ADDRESS (Business Address Acceptable)
Box 1362 Weaverville CA 96093

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contract / Consultant

YOUR BUSINESS POSITION
Executive Director

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 1099 Contract
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Frank Chapman Jr

ADDRESS (Business Address Acceptable)
CAI Trans

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Equip Operator

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:

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

Comments: _____

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

Name
D Chapman

- 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)
Rural Co. Representatives of CA
 ADDRESS (Business Address Acceptable)
1215 K St
 CITY AND STATE
Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Travel Reimbursement
 DATE(S): 1/1/12 - 12/31/12 AMT: \$ 424.13
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel Reimbursement
Volunteer Services on RACC Board.

▶ NAME OF SOURCE (Not an Acronym)
North Coast Unified Air Quality Mgt. Dist.
 ADDRESS (Business Address Acceptable)
Eureka, CA
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): 1/1/13 - 12/31/12 AMT: \$ 100.-
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel Stipend - Volunteer
NCUAMD - Board.

▶ NAME OF SOURCE (Not an Acronym)
Community Action Partnership
 ADDRESS (Business Address Acceptable)
420 E Lowell St.
 CITY AND STATE
Willows CA 95988
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): 1/1/12 - 12/31/12 AMT: \$ 300.-
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel Reimbursement -
Volunteer svc. CAP 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

Comments: _____

FORM 700 Statement of Economic Interests for Calendar Year 2012

List of Agencies and Member Counties

TRINITY COUNTY

DEBRA CHAPMAN

Agency

Position

CRHMFA Homebuyers Fund

Alternate Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	Shasta County
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County	Sutter County
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolumne County
Merced County	Yolo County
	Yuba County

2012 DELEGATE EXPENSE

County: **Trinity**
 Delegate: **D. Chapman**

<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	6.48
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	31.97
ESJPA Board Meeting: 6/14/12	
Executive Committee Meeting: 8/1/12	
RCRC Board Meeting: 8/15/12	
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	
ESJPA Board Meeting: 12/6/12	
<hr/>	
<u>Expense Reimbursements:</u>	To Delegate: 385.68
	To County for Delegate:
<u>Expenses paid by RCRC on behalf of Supervisor:</u>	
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:	
Total Expenses:	424.13

Please record on your
SCHEDULE - E



TRINITY COUNTY

Supervisor Debra Chapman

District 4

P.O. BOX 1613, WEAVERVILLE, CALIFORNIA 96093
PHONE (530) 623-1217

Board Memberships FY11-12

Trinity County Commission on Aging	Board Member
Community Action Partnership: Coulusa, Glen and Trinity	Board Member
Fire Safe Council	Member
Disaster Planning Council	Member
Trinity County Collaborative	Member
Rural County Representatives of CA	Board Member
North Coast Unified Air Quality Mgt. Dist.	Board Member
UpStateConnect Rail	Member