**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
**A PUBLIC DOCUMENT**

# STATEMENT OF ECONOMIC INTERESTS
## COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION
2013 APR 12 AM 11:35

Date Received
*Official Use Only*

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*Please type or print in ink.*

GP

| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| Farr | Doreen | Marie |

## 1. Office, Agency, or Court

Agency Name
Board of Supervisors (87200)

Division, Board, Department, District, if applicable

Your Position
3rd District Supervisor

► 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
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of Santa Barbara
- ☐ 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 ___/___/_____

☐ **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.

☐ **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:*** 2

- ☐ **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*

[redacted]

I have used all reasonable diligence in preparing this statement. I [redacted] ained herein and in any attached schedules is true and complete. I ac[redacted]

**I certify under penalty of perjury under the laws of the State** [redacted]

**Date Signed** 03/21/2013 10:09 AM
*(month, day, year)*

*(File the originally signed statement with your filing official.)*

# STATEMENT OF ECONOMIC INTERESTS
## COVER PAGE
## EXPANDED STATEMENT LIST

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Doreen Farr

| Agency | Position or Title | Jurisdiction | Type of Statement | Period Covered |
|---|---|---|---|---|
| Association of Governments - own code | Board Member | County of Santa Barbara | Annual | 01/01/12 - 12/31/12 |
| Air Pollution Control Dist - own code | Member of the Governing Board | County of Santa Barbara | Annual | 01/01/12 - 12/31/12 |
| In-Home Care Network-Public Authority (C-36) | Members of the Board of Directors | County of Santa Barbara | Annual | 01/01/12 - 12/31/12 |
| Flood Control & Water Conservation Dist. (C-30-B) | Members of the Board of Directors | County of Santa Barbara | Annual | 01/01/12 - 12/31/12 |
| Water Agency (C-30-C) | Member of the Board of Directors | County of Santa Barbara | Annual | 01/01/12 - 12/31/12 |
| South Coast Homeles Advisory Committee (C-40) | Member of the Committee | County of Santa Barbara | Annual | 01/01/12 - 12/31/12 |
| Indian Gaming Local Community Bennefit Committee (C-44) | Regular Member of Committee | County of Santa Barbara | Annual | 01/01/12 - 12/31/12 |
| LAFCO - own code | Commissioner | County of Santa Barbara | Annual | 01/01/12 - 12/31/12 |