



RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
A PUBLIC DOCUMENT
2012 MAR 14 AM 11:52

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GALLAGHER JAMES M.

1. Office, Agency, or Court

Agency Name
SUTTER COUNTY
Division, Board, Department, District, if applicable
BOARD OF SUPERVISORS
Your Position
DISTRICT 5

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

Agency: CAPITAL VALLEY SAFE Position: ALTERNATE COMMITTEE MEMBER

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of SUTTER, BUTTE
- 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: 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



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

Date Signed 3-12-13
(month, day, year)



STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES COVER PAGE

RECEIVED

FEB 28 2013

REGISTRAR OF VOTERS
SUTTER COUNTY

Please type or print in ink.

2013 MAR -5 AM 11:38

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GALLAGHER JAMES M.

1. Office, Agency, or Court

Agency Name
SUTTER COUNTY
Division, Board, Department, District, if applicable
BOARD OF SUPERVISORS
Your Position
DISTRICT 5

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

Agency: SEE ATTACHED LIST Position: SEE ATTACHED LIST

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of SUTTER, BUTTE
- City of _____ Other _____

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

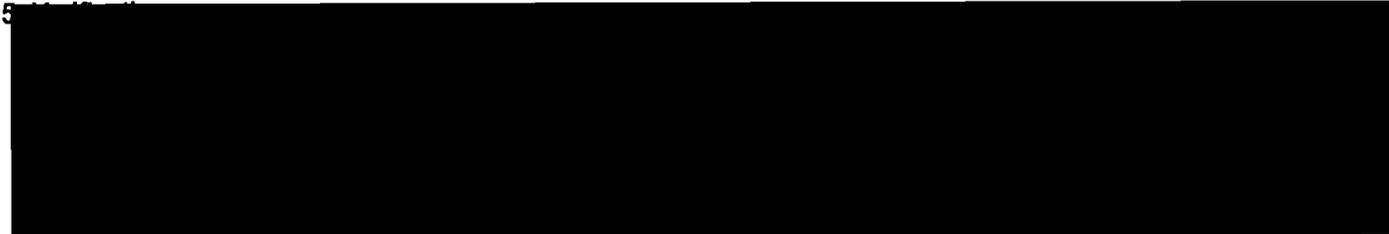
- Annual: The period covered is January 1, 2012, through December 31, 2012. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ 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: 7

- 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



Information 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 02-26-2013 (month, day, year)

FORM 700 – STATEMENT
January 1, 2012 – December 31, 2012

JAMES GALLAGHER

ASSUMING OFFICE:

Committee Member
Gilsizer Drainage District

ANNUAL STATEMENT:

Committee Member

SAFCA

GP SBFCA

Committee Member – Alternate

FRAQMD

LAFCO

RCRC

GP SACOG

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**

FAIR POLITICAL PRACTICES COMMISSION

Name

GALLAGHER

▶ NAME OF BUSINESS ENTITY
RICE LAWYERS, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
LAW

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

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

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

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name GALLAGHER
--

- 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

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Government Advocacy for Rural Counties

DATE(S): 1/18/12 AMT: \$ 55.14
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
attendance at annual officer
installation reception

▶ 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: _____