

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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DEBORAH BAUTISTA OLIVERA
DEPUTY

GP

Please type or print in ink.

NAME OF FILER (LAST) 2013 RTN - (FIRST) 1:20 BY DEBORAH BAUTISTA OLIVERA (MIDDLE) DEPUTY

1. Office, Agency, or Court

Agency Name
Tuolumne County
Division, Board, Department, District, if applicable
Your Position
District #2
Supervisor

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

Agency: _____ Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of Tuolumne
 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.
 Assuming Office: Date assumed 01 / 03 / 11
 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: _____

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 am not aware of any facts that would make this statement false or misleading.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 25 March 2013
(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.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY
Eagle Castle Winery

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Grape Growing, Winemaking and Sales

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT 1 share of 25 in LLC
 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

NAME OF BUSINESS ENTITY
Eagle Castle Winery

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Grape Growing, Winemaking and Sales

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT 1 share of 25 owned by IRA
 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

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

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>General Electric</u>	NAME OF SOURCE OF INCOME <u>General Electric</u>
ADDRESS (Business Address Acceptable) <u>PO Box 6022, Schenectday, NY</u>	ADDRESS (Business Address Acceptable) <u>PO Box 6022, Schenectady, NY</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Retired</u>	YOUR BUSINESS POSITION <u>Retired</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input checked="" type="checkbox"/> Other <u>Pension</u> <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input checked="" type="checkbox"/> Other <u>Supplemental Pension</u> <small>(Describe)</small>

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

Comments: _____

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SCHEDULE E

Income - Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
RANDY HANVELT

DEBORAH BANTISTA, CLERK

- 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)
RCRC

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1650

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Alternate Delegate to Rural County Advocacy Org

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 185.24
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
By Monthly Meetings- these are luncheon and reception expenses - See Attached for list

▶ 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: _____

2012 DELEGATE EXPENSE

County: Tuolumne
 Delegate: R. Hanvelt

<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	40.56
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	
<hr/>	
<u>Expense Reimbursements:</u>	To Delegate:
	To County for Delegate:
<u>Expenses paid by RCRC on behalf of Supervisor:</u>	
Meetings with Staff:	18.45
Officer Installation: 1/18/12	55.14
NACo Legislative Meeting: 3/3-7/12	
CSAC Registration:	
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	
NACo Annual Meeting	
Total Expenses:	185.24