



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MacGlashan Roberta D.

1. Office, Agency, or Court

FILED

APR 01 2013

Agency Name
County of Sacramento
Division, Board, Department, District, if applicable
Board of Supervisors, District 4
Your Position
County Supervisor

CRAIG A. KRAMER, CLERK-RECORDER
By CK DEPUTY

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

Agency: (see attached) Position: (see attached)

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

- State
- Multi-County El Dorado, Placer, Sutter, Yolo, Yuba
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Sacramento
- 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: 15

- 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-

Date Signed 3/22/13
(month, day, year)

Signature

Roberta D. MacGlashan

Form 700
2012 Statement of Economic Interests
Page 2 of Cover Page

-
- | | | | |
|-----|---|-------|------------------------|
| 1. | Area 4 Agency on Aging JPA | | Board Member |
| 2. | Capital Southeast Connector Authority | GP | Alternate Board Member |
| 3. | First 5 Sacramento Commission | | Alternate Commissioner |
| 4. | Freeport Regional Water Authority | GP | Alternate Board Member |
| 5. | Regional Human Rights/Fair Housing | | Board Member |
| 6. | Sacramento Area Commerce & Trade Organization | | Alternate Member |
| 7. | Sacramento Area Council of Governments | | Board Director |
| | • Capitol Valley Regional SAFE | GP GP | Board Director |
| 8. | Sacramento Area Flood Control Agency | | Board Member |
| 9. | Sacramento Area Sewer District | | Board Member |
| 10. | Sacramento County Public Facilities Financing Corporation | | Director |
| 11. | Sacramento County Water Agency | | Board Member |
| 12. | Sacramento Groundwater Authority | | Alternate Board Member |
| 13. | Sacramento Metropolitan Air Quality Management District | | Board Member |
| 14. | Sacramento Metropolitan Cable Television Commission | | Board Member |
| 15. | Sacramento-Placerville Transportation Corridor JPA | GP | Alternate Board Member |
| 16. | Sacramento Public Library Authority | | Board Member |
| 17. | Sacramento Regional County Sanitation District | | Board Member |
| 18. | Sacramento Regional Solid Waste Authority | | Board Member |
| 19. | Sacramento Regional Transit District | | Board Member |
| 20. | Sacramento Transportation Authority | | Board Member |
| | • Sacramento Abandoned Vehicle Service Authority | | Board Member |
| 21. | Tobacco Securitization Corporation | | Board Member |

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
MacGlashan, Roberta D.

▶ 1. BUSINESS ENTITY OR TRUST

MacGlashan Family Revocable Living Trust
Name
11471 Round House Court, Gold River, CA 95670
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		<u> </u> / <u> </u> / <u>12</u>	<u> </u> / <u> </u> / <u>12</u>
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Simon Property Group
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Real Estate Investment Trust
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input checked="" type="checkbox"/> \$10,001 - \$100,000		<u> </u> / <u> </u> / <u>12</u>	<u> </u> / <u> </u> / <u>12</u>
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		<u> </u> / <u> </u> / <u>12</u>	<u> </u> / <u> </u> / <u>12</u>
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

HCP, Incorporated
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Health Care REIT
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input checked="" type="checkbox"/> \$10,001 - \$100,000		<u> </u> / <u> </u> / <u>12</u>	<u>12</u> / <u>14</u> / <u>12</u>
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: HCP: Sold portion of shares owned

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name
 MacGlashan, Roberta D.

▶ 1. BUSINESS ENTITY OR TRUST

MacGlashan Family Revocable Living Trust
 Name
 11471 Round House Court, Gold River, CA 95670
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/12 _____/_____/12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

SYSCO Corporation
 Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property
 Food Products & Supplies

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/12 _____/_____/12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/12 _____/_____/12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Procter & Gamble
 Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property
 Consumer Products

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/12 _____/_____/12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

**SCHEDULE D
 Income - Gifts**

Name
MacGlashan, Roberta D.

▶ NAME OF SOURCE (Not an Acronym)
United Auburn Indian Community
 ADDRESS (Business Address Acceptable)
10720 Indian Hill Road, Auburn, CA 95603
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Tribe/Thunder Valley Casino

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 08 / 12</u>	<u>\$ 150.00</u>	<u>2 tix-Kings game</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Michelle Rivas
 ADDRESS (Business Address Acceptable)
6434 Pitt Court, Sacramento, CA 95842
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Twin Rivers USD Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 24 / 12</u>	<u>\$ 100.00</u>	<u>2 tix-F'dation Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Ramey Osborne
 ADDRESS (Business Address Acceptable)
11290 Pyrites Way, #102, Gold River, CA 95670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Marketing Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 11 / 12</u>	<u>\$ 80.00</u>	<u>2 tix-Rotary dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Burger Rehabilitation Systems
 ADDRESS (Business Address Acceptable)
1301 E. Bidwell Street, #201, Folsom, CA 95630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Physical Therapy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 12</u>	<u>\$ 100.00</u>	<u>1 tkt-Chamber summit</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Hotel Association
 ADDRESS (Business Address Acceptable)
PO Box 276567, Sacramento, CA 95827
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hotel Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 20 / 12</u>	<u>\$ 250.00</u>	<u>2 tix-Hospitality dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Rancho Murieta Airport Incorporated
 ADDRESS (Business Address Acceptable)
7443 Murieta Drive, Rancho Murieta, CA 95683
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 12</u>	<u>\$ 200.00</u>	<u>2 tix-Air show</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income - Gifts

Name
 MacGlashan, Roberta D.

▶ NAME OF SOURCE (Not an Acronym)
 Folsom Symphony

ADDRESS (Business Address Acceptable)
 PO Box 794, Folsom, CA 95673

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Symphony Orchestra

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 12	\$ 110.00	2 tix-Concert
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 John Sullivan

ADDRESS (Business Address Acceptable)
 PO Box 1230, Rancho Murieta, CA 95683

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business, development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 23 / 12	\$ 60.00	1 tkt-Summerfest
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Union Pacific Railroad

ADDRESS (Business Address Acceptable)
 915 L Street, #1180, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Railroad

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 12	\$ 123.34	2 Dinners
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Michele Steeb

ADDRESS (Business Address Acceptable)
 11704 Melones Circle, Gold River, CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Executive Director, St. John's Shelter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 12	\$ 300.00	2 tix-ALF dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Taylor & Wiley

ADDRESS (Business Address Acceptable)
 2870 Gateway Oaks Drive, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 24 / 12	\$ 300.00	1 tkt-Urban League FR
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Ralph Carhart

ADDRESS (Business Address Acceptable)
 5931 Long Acres Court, Fair Oaks, CA 95628

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Retired

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 12	\$ 80.00	2 tix-F. O. Rotary FR
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 MacGlashan, Roberta D.

▶ NAME OF SOURCE *(Not an Acronym)*
 Law Offices of Gregory Thatch

ADDRESS *(Business Address Acceptable)*
 1730 I Street, #220, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 29 / 12	\$ 125.00	1 tkt-Salv Army lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____