

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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REGISTRAR OF VOTERS
SUTTER COUNTY



Please type or print in ink.

NAME OF FILER (LAST) MUNGER (FIRST) (MIDDLE) E.
By LARRY

1. Office, Agency, or Court

Agency Name
SUTTER COUNTY
Division, Board, Department, District, if applicable
BOARD OF SUPERVISORS
Your Position
DISTRICT 3

► 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, YUBA, SACRAMENTO
- 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- 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.
- Assuming Office: Date assumed ____/____/_____
 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: 6

- 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



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 03-28-13
(month, day, year)

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

LARRY MUNGER

Committee Member

- GP** Feather River Air Quality Management District
- Regional Council of Rural Counties
- GP** Sacramento Valley Air Basin
- Yuba-Sutter Transit
- Workforce Investment Board

Committee Member - Alternate

- GP** Gilsizer Drainage District
- Regional Waste Management Authority

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

Name
 LARRY MUNGER

- 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 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 330.57
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

TRAVEL AND MEAL EXPENSES RELATED TO
VOLUNTEER SERVICES ON THE RCRC 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

▶ 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: _____