

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

Please type or print in ink.



NAME OF FILER (LAST) Provenza (FIRST) Jim (MIDDLE) R
2013 APR -3 AM 11:16

1. Office, Agency, or Court

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

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

Agency: Please see attachment* Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County Yolo, Placer, Yuba, Sutter, Sierra County of _____
Butte, Sacramento, Nevada, Colusa, Shasta Other _____
 City of Siskiyou, Tehama,

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: 5
 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



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

Date Signed 03/27/2013
(month, day, year)

ATTACHEMENT **

Area 4 Agency on Aging -- Commissioner
Attn: Taiheisha (Tai) Love
2260 Park Towne Circle #100
Sacramento CA 95825

Yolo County Housing --Commissioner
Attn: Lisa Baker
147 W. Main St.
Woodland, CA 95695

GP Delta Conservancy -- Board Member
Attn: Susan Roberts
3500 Industrial Blvd
West Sacramento, CA 95691

Yolo County Local Agency Formation Commission -- Alternate
625 Court Street, Suite 203
Woodland, CA 95695

GP Yolo-Solano Air Quality Management District -- Board Member
1947 Galileo Ct., Suite 103
Davis, CA 95618

GP Delta Protection Commission -- Alternate
P.O. Box 530
Walnut Grove, CA. 95690

IHSS Yolo County Public Authority -- Board Member
25 North Cottonwood Street
Woodland, CA 95695

Regional Council of Rural Counties (RCRC) -- Board Member
1215 K Street, Suite 1650
Sacramento, CA 95814

Yolo County Habitat JPA -- Board Member
120 West Main Street, Suite C
Woodland, CA 95695

GP Winters Branch Library Financing Authority -- Member
226 Buckeye St.
Woodland, CA 95695

Davis Redevelopment Oversight – Board Member
Attn: Stacey Winton
23 Russell Blvd, Suite 1
Davis, CA 95616

Sierra-Sacramento Valley – Alternate
Emergency Medical Services
Attn: Amy
5995 Pacific St.,
Rocklin, CA 95677

**SCHEDULE D
Income - Gifts**

Name
Jim Provenza

▶ NAME OF SOURCE (Not an Acronym)
California State Association of Counties

ADDRESS (Business Address Acceptable)
1100 K Street, Suite 101, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CSAC Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05</u> / <u>17</u> / <u>12</u>	\$ <u>255</u>	<u>CSAC Meals</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Foundation of the Environment & Economy

ADDRESS (Business Address Acceptable)
Pier 35, Suite 202 San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water Roundtable Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12</u> / <u>07</u> / <u>12</u>	\$ <u>136</u>	<u>Meals at Conference</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Teichert Construction

ADDRESS (Business Address Acceptable)
24207 County Road 100A, Davis, CA 95616

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAP to CAP Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04</u> / <u>23</u> / <u>12</u>	\$ <u>112</u>	<u>CAP to CAP Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health

ADDRESS (Business Address Acceptable)
2200 River Plaza Drive, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAP to CAP Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04</u> / <u>23</u> / <u>12</u>	\$ <u>112</u>	<u>CAP to CAP Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Dawson & Associates Dinner

ADDRESS (Business Address Acceptable)
1225 I Street, NW, Suite 250, Washington, DC 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAP to CAP Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04</u> / <u>22</u> / <u>12</u>	\$ <u>175</u>	<u>CAP to CAP Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Sherry Deboer

ADDRESS (Business Address Acceptable)
27171 Meadows Road, CA 93923

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Burton Foundation Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05</u> / <u>24</u> / <u>12</u>	\$ <u>150</u>	<u>Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Jim Provenza

▶ NAME OF SOURCE (Not an Acronym)
Hallmark Inn

ADDRESS (Business Address Acceptable)
110 F Street, Davis CA 95616

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Welcome Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 14 / 12	\$ 60	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District

ADDRESS (Business Address Acceptable)
1121 L Street, Suite 900, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 25 / 12	\$ 55	West Sac Dinner
08 / 15 / 12	\$ 20	Breakfast
10 / 05 / 12	\$ 21	Lunch

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District

ADDRESS (Business Address Acceptable)
1121 L Street, Suite 900, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 17 / 12	\$ 70	Clarksburg Diiner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
Jim Provenza

- 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 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)
RCRC Board Conference
 DATE(S): 09 / 19 / 12 - 09 / 20 / 12 AMT: \$ 319.04
 (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

▶ 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: _____