

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Scofield Ed C.

1. Office, Agency, or Court

Agency Name
County of Nevada
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Supervisor, District II

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
Multi-County See attached list
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

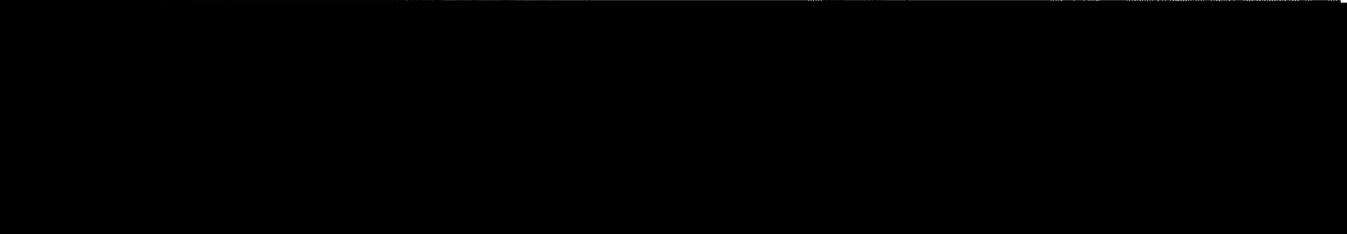
Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is / / , through December 31, 2012.
Assuming Office: Date assumed / /
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left / /
(Check one)
The period covered is January 1, 2012, through the date of leaving office.
The period covered is / / , through the date of leaving office.

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



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 (month, day, year)

Ed Scofield, District II
District 2 Form 700 SOEI Filing List for 2013
Expanded Statement 2012/2013

DISTRICT II – ED SCOFIELD:

| <u>Member</u> | <u>Position</u> | <u>Filing Office</u> |
|---|------------------------|--|
| A4AA Governing Board | Alternate member | Nevada, Placer, Sacramento, Sierra, Sutter, Yolo & Yuba Counties |
| (CRHMFA) California Rural Home Mortgage Finance Authority Homebuyers Fund (RCRC) | Alternate member | See attached listing. |
| Nevada County Sanitation District #1 | Member | Nevada County |
| Northern Rural Training Employment Consortium (NoRTEC) | Member | Butte, Del Norte, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama & Trinity Counties |
|  Northern Sierra Air Quality Management District Board | Member | Nevada, Plumas & Sierra Counties |
| Regional Council of Rural Counties | Alternate member | See attached list. |
|  Sierra Economic Development Corp. / SEDCorp | Member | El Dorado, Sierra, Placer, & Nevada Counties |
| Sierra Planning Organization Board (SPO) | Member | El Dorado, Sierra, Placer, & Nevada Counties |
| Solid Waste Independent Hearing Panel | Alternate member | Nevada County |
| Transit Services Commission | Commissioner | Nevada County |
| Transportation Commission also acting As Nevada County Airport Land Use Commission (NCALUC) | Commissioner | Nevada County |

Assuming Office 700s

| | | |
|---|------------------|--|
| Environmental Services JPA (RCRC) | Alternate member | See attached listing. |
| Sierra Sacramento Valley Emergency Medical Services JPA Governing Board | Alternate member | Butte, Colusa, Nevada Placer, Shasta, Siskiyou, Sutter, Tehama, Yolo Yuba Counties |

Leaving Office 700s

| | | |
|---------------------------------|-----------------------|---------------|
| Nevada County Finance Authority | Housing Authority Rep | Nevada County |
|---------------------------------|-----------------------|---------------|

**Form 700 Statement of Economic Interests for Calendar Year 2012
List of RCRC Agencies and Member Counties**

NEVADA COUNTY AGENCY

ED SCOFIELD

Regional Council of Rural Counties
CRHMFA Homebuyers Fund

Alternate member
Alternate delegate

List of Member Counties

| | |
|------------------|-------------------|
| Alpine County | Modoc County |
| Amador County | Mono County |
| Butte County | Napa County |
| Calaveras County | Nevada County |
| Colusa County | Placer County |
| Del Norte County | Plumas County |
| El Dorado County | San Benito County |
| Glenn County | Shasta County |
| Imperial County | Sierra County |
| Inyo County | Siskiyou County |
| Lake County | Sutter County |
| Lassen County | Tehama County |
| Madera County | Trinity County |
| Mariposa County | Tuolumne County |
| Merced County | Yolo County |
| | Yuba County |

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

Name
 Ed C. Scofield

- 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)*
 Northern Sierra Air Quality Management District

ADDRESS *(Business Address Acceptable)*
 P.O. Box 2509

CITY AND STATE
 Grass Valley, CA 95945

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

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 900.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

▶ 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: _____