

STATEMENT OF ECONOMIC INTERESTS

Date Received
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FEB 26 2013
REGISTRAR OF VOTERS
SUTTER COUNTY

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FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE
2013 FEB 28 PM 1:09



Please type or print in ink.

NAME OF FILER (LAST) Whiteaker (FIRST) Jim (MIDDLE) D

1. Office, Agency, or Court

Agency Name

SUTTER COUNTY

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors District 4

► 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 _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of SUTTER, YUBA
- 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: _____

- 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

5 [Redacted Signature Area]

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 2-22-13
(month, day, year)

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

JIM WHITEAKER

ASSUMING OFFICE:

Committee Member – Alternate

GP **SBFGA**

ANNUAL STATEMENT:

Committee Member

Children and Families Commission
Community Corrections Partnership

GP **FRAQMD**

Gilsizer Drainage District

GP **Regional Waste Management Authority**

Yuba-Sutter Transit Authority

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

- 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 Streets, Suite 1650

CITY AND STATE
Sacramento CA 95814

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

DATE(S): 1/16/13 AMT: \$ 90-
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Meal During officer
Installation Dinner

▶ 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: _____