

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
A PUBLIC DOCUMENT

Date Received \_\_\_\_\_  
BY: BWd

Please type or print in ink.

NAME OF FILER (LAST) Dahle (FIRST) Brian (MIDDLE) D

**1. Office, Agency, or Court**

Agency Name  
California Legislature  
Division, Board, Department, District, if applicable  
Assembly Your Position  
Assemblyman, 1st District

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- 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-  
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: 1

- 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

Date Signed 03/13/2013  
(month, day, year)

Signature

RECEIVED

Date Received  
FEB 27 2013

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
FAIR POLITICAL PRACTICES  
COVER PAGE

FEB 27 2013

Please type or print in ink.

2013 FEB 27 PM 9:53

NAME OF FILER (LAST) Dahle (FIRST) Brian (MIDDLE) D

1. Office, Agency, or Court

Agency Name Callfomla Legislature  
Division, Board, Department, Oistrict, if applicable Assembly  
Your Position Assemblyman, 1st District

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  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: 9

- 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

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE  
P.O. Box 942849 Sacramento CA 942490001

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
( 916 ) 319-2001

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

(d)(5) [Redacted Signature]

Date Signed 02/25/2013  
(month, day, year)

Signature \_\_\_\_\_  
{File the originally signed statement with your filing official.}





**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Brian Dahle

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 666-620 HWY 299E

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CITY  
 Bieber, CA 96009

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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  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

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▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 666-840 HWY 299E

---

CITY  
 Bleber, CA 96009

---

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  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

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\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER:  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

---

NAME OF LENDER:  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

---

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Brian Dahle

▶ **ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**  
001-270-2911,001-270-2611,003-040-1311 APN

**CITY**  
Nubleber, CA 96069

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**IF APPLICABLE, LIST DATE:**  
 ACQUIRED     /    /12      DISPOSED     /    /12

**NATURE OF INTEREST**  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

**SOURCES OF RENTAL INCOME:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ **ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**  
See attached list of parcels.

**CITY**  
\_\_\_\_\_

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**IF APPLICABLE, LIST DATE:**  
 ACQUIRED     /    /12      DISPOSED     /    /12

**NATURE OF INTEREST**  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

**SOURCES OF RENTAL INCOME:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

**NAME OF LENDER\***  
\_\_\_\_\_

**ADDRESS (Business Address Acceptable)**  
\_\_\_\_\_

**BUSINESS ACTIVITY, IF ANY, OF LENDER**  
\_\_\_\_\_

**INTEREST RATE** \_\_\_\_\_ %       None      **TERM (Months/Years)** \_\_\_\_\_

**HIGHEST BALANCE DURING REPORTING PERIOD**  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

**NAME OF LENDER\***  
\_\_\_\_\_

**ADDRESS (Business Address Acceptable)**  
\_\_\_\_\_

**BUSINESS ACTIVITY, IF ANY, OF LENDER**  
\_\_\_\_\_

**INTEREST RATE** \_\_\_\_\_ %       None      **TERM (Months/Years)** \_\_\_\_\_

**HIGHEST BALANCE DURING REPORTING PERIOD**  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

Comments: \_\_\_\_\_

**Parcel #**

0012602511

0012708311

0012708511

0130801911

0130901511

0130901611

0130901711

0130901711

0130902011

0131100911

0131200711

0131201411

0131201511

0131300242

0131300342

0250400311

0250401011

0250500911

0250800311

**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 Street, Suite 1650

CITY AND STATE  
 Sacramento, California

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Please see attached list.

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 3,142.69  
 (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 voluntary service  
on the RCRC Board of Directors.

▶ NAME OF SOURCE (Not an Acronym)  
 Sierra Nevada Conservancy

ADDRESS (Business Address Acceptable)  
 11521 Blocker Drive, Suite 205

CITY AND STATE  
 Auburn, CA

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 858.02  
 (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 voluntary  
services on the Sierra Nevada Conservancy.

▶ 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: \_\_\_\_\_

2012 DELEGATE EXPENSE

County: Lassen  
 Delegate: B. Dahle

<u>Meals provided at meetings:</u>	<u>Amount</u>
Prior year expenses pd in 2012	
RCRC Board Meeting: 1/18/12	27.34
RCRC Board Officer Meeting: 1/19/12	10.28
Executive Committee Meeting: 2/22/12	27.93
MOA Meeting: 2/24/12	
RCRC Board Meeting: 3/14/12	25.86
ESJPA Board Meeting: 3/15/12	
RCRC Board Meeting (Colusa): 4/19/12	27.45
Executive Committee Meeting: 5/23/12	
RCRC Board Meeting: 6/13/12	31.97
ESJPA Board Meeting: 6/14/12	
Executive Committee Meeting: 8/1/12	
RCRC Board Meeting: 8/15/12	
ESJPA Board Meeting: 8/16/12	
RCRC Board Meeting (Annual Conference): 9/21/12	40.56
Executive Committee Meeting: 10/17/12	
ESJPA Board Meeting: 10/18/12	
Executive Committee Meeting: 11/14/12	
RCRC Board Meeting: 12/5/12	
ESJPA Board Meeting: 12/6/12	
<hr/>	
<u>Expense Reimbursements:</u>	To Delegate: 1,927.66
	To County for Delegate:
<u>Expenses paid by RCRC on behalf of Supervisor:</u>	
Meetings with Staff:	12.97
Officer Installation: 1/18/12	55.14
NACo Legislative Meeting: 3/3-7/12	
CSAC Registration:	
RCRC Board Meeting (Colusa) Lodging: 4/18-19/12	
Colusa Tour: 4/18/12	
Colusa Dinner: 4/18/12	60.86
NACo WIR Registration: 5/16-18/12	
NACo Meals with Staff: 5/16-18/12	
NACo Travel 7/13-17/12	677.20
NACo Annual Meeting Meals with Staff: 7/13-17/12	217.47
Phone Cards/Communication Eqpt.:	
Gifts - \$420 limit:	
Awards - \$250 limit:	
<b>Total Expenses:</b>	<b>3,142.69</b>

2012 Delegate Expenses  
Sierra Nevada Conservancy

COUNTY: LASSEN  
DELEGATE: B. DAHLE

Expense	Date	Amount
Travel Reimbursement	3/28/2012	\$ 258.40
Travel Reimbursement	1/5/2012	\$ 402.52
		<b>\$ 660.92</b>
Stipend	1/4/2012	\$ 98.55
Stipend	3/27/2012	\$ 98.55
		<b>\$ 197.10</b>
	<b>Total</b>	<b>\$ 858.02</b>

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**AMENDMENT**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
Please see attached list of parcels.

CITY  
All parcels located in Lassen County, California.

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000 02 / 28 / 12      /      / 12  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_  \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_ %  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

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

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_  \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

Comments:  
This amendment adds an acquisition date and nature of interest for an updated list of parcels in Lassen County.

**Filer's Verification**

Print Name Brian D. Dahle

Office, Agency or Court California Legislature

Statement Type  2012/2013 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/13/2013  
 (d)(5)

Filer's Signature \_\_\_\_\_

**ALL PARCELS LOCATED IN LASSEN COUNTY, CALIFORNIA**

**Parcel #**

0130801911

0130901511

0130901611

0130901711

0130901711

0130902011

0131100911

0131200711

0131201411

0131201511

0131300242

0131300342

0250400311

0250401011

0250500911

0250800311

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
John A. Perez for Assembly 2012  
 ADDRESS (Business Address Acceptable)  
777 South Figueroa Street, Sulte 4050 Los Angeles  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 02 / 13</u>	<u>\$ 85.80</u>	<u>Green glass bowl</u>
<u>12 / 02 / 13</u>	<u>\$ 49.40</u>	<u>Assembly reception</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ 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)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ 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)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ 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)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ 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)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

**Filer's Verification**

Print Name Brian D. Dahle

Office, Agency or Court Callfomia Legislature

Statement Type  2012/2013 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/13/2013  
 \_\_\_\_\_  
(d)(5)

Filer's Signature \_\_\_\_\_

Comments: \_\_\_\_\_

**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 Street, Suite 1650  
 CITY AND STATE  
Sacramento, California  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Please see attached list.  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 3,142.69  
*(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 voluntary service on the RCRC Board of Directors.

▶ NAME OF SOURCE *(Not an Acronym)*  
Sierra Nevada Conservancy  
 ADDRESS *(Business Address Acceptable)*  
11521 Blocker Drive, Suite 205  
 CITY AND STATE  
Auburn, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Please see attached list.  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 858.02  
*(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 voluntary service on the Sierra Nevada Conservancy.

▶ 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  
 \_\_\_\_\_  
 \_\_\_\_\_

**Filer's Verification**  
 Print Name Brian D. Dahle  
 Office, Agency or Court California Legislature  
 Statement Type  2012/2013 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
*(yr)*  
 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
 Date Signed \_\_\_\_\_ (d)(5)  
 Filer's Signature \_\_\_\_\_

Comments: \_\_\_\_\_

2012 DELEGATE EXPENSE

County: Lassen  
 Delegate: B. Dahle

<u>Meals provided at meetings:</u>	<u>Amount</u>
Prior year expenses pd in 2012	
RCRC Board Meeting: 1/18/12	27.34
RCRC Board Officer Meeting: 1/19/12	10.28
Executive Committee Meeting: 2/22/12	27.93
MOA Meeting: 2/24/12	
RCRC Board Meeting: 3/14/12	25.86
ESJPA Board Meeting: 3/15/12	
RCRC Board Meeting (Colusa): 4/19/12	27.45
Executive Committee Meeting: 5/23/12	
RCRC Board Meeting: 6/13/12	31.97
ESJPA Board Meeting: 6/14/12	
Executive Committee Meeting: 8/1/12	
RCRC Board Meeting: 8/15/12	
ESJPA Board Meeting: 8/16/12	
RCRC Board Meeting (Annual Conference): 9/21/12	40.56
Executive Committee Meeting: 10/17/12	
ESJPA Board Meeting: 10/18/12	
Executive Committee Meeting: 11/14/12	
RCRC Board Meeting: 12/5/12	
ESJPA Board Meeting: 12/6/12	
<b><u>Expense Reimbursements:</u></b>	
To Delegate:	1,927.66
To County for Delegate:	
<b><u>Expenses paid by RCRC on behalf of Supervisor:</u></b>	
Meetings with Staff:	12.97
Officer Installation: 1/18/12	55.14
NACo Legislative Meeting: 3/3-7/12	
CSAC Registration:	
RCRC Board Meeting (Colusa) Lodging: 4/18-19/12	
Colusa Tour: 4/18/12	
Colusa Dinner: 4/18/12	60.86
NACo WIR Registration: 5/16-18/12	
NACo Meals with Staff: 5/16-18/12	
NACo Travel 7/13-17/12	677.20
NACo Annual Meeting Meals with Staff: 7/13-17/12	217.47
Phone Cards/Communication Eqpt.:	
Gifts - \$420 limit:	
Awards - \$250 limit:	
<b>Total Expenses:</b>	<b>3,142.69</b>

2012 Delegate Expenses  
Sierra Nevada Conservancy

COUNTY: LASSEN  
DELEGATE: 8. DAHLE

Expense	Date	Amount
Travel Reimbursement	3/28/2012	\$ 258.40
Travel Reimbursement	1/5/2012	\$ 402.52
		\$ 660.92
Stipend	1/4/2012	\$ 98.55
Stipend	3/27/2012	\$ 98.55
		\$ 197.10
	Total	\$ 858.02