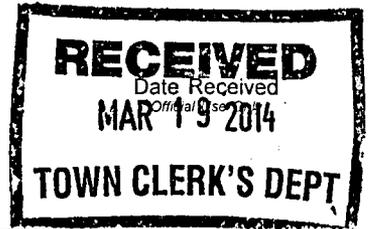




STATEMENT OF ECONOMIC INTERESTS

RECEIVED
 FAIR POLITICAL PRACTICES COMMISSION
 COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Bolin (FIRST) Gregory (MIDDLE) Lynn
 2014 MAR 27 PM 2:08

1. Office, Agency, or Court

Agency Name (Do not use acronyms) _____
 Town of Paradise
 Division, Board, Department, District, if applicable _____ Your Position _____
 Town Council _____ Town Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other Town of Paradise

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

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is ____/____/____, through December 31, 2013.
- 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, 2013, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

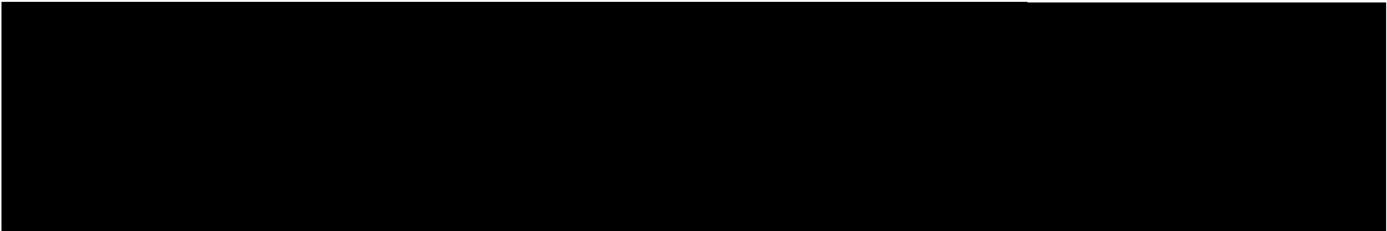
Check applicable schedules or "None."

► Total number of pages including this cover page: 11

- 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

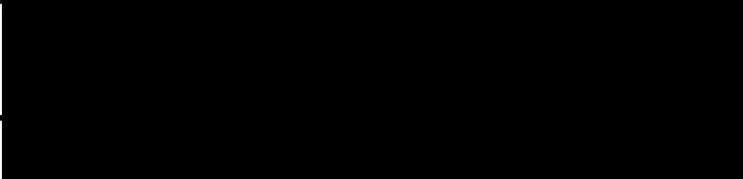
-or-
 None - No reportable interests on any schedule

5. Verification



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

Date Signed MARCH 19, 2014
 (month, day, year)



Gregory L. Bolin
Form 700
Schedule One

Trilogy Construction, Inc.
Name of each reportable single source of income of \$10,000 or more:

Ponderosa Professional Center, LLC

Bolin Family Limited Partnership # 1 dba
Cobblestone Court

Mr. & Mrs. Ray Groom

Mr. & Mrs. Scot Hoiland

Mr. & Mrs. Gary McPherson

Mr. & Mrs. Gary Lippincott

Mr. & Mrs. Peter Kiraly

Mr. & Mrs. Ben Roberts

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Acorn, LLC
 Name
 9241 Skyway, Paradise, CA 95969
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
 Mini Storage

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other

YOUR BUSINESS POSITION Managing Member

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None
 None more than \$10,000

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

9241 Skyway (AP#050-011-026-000)
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 Paradise, CA
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Ponderosa Professional Center, LLC
 Name
 7066 Skyway, Paradise, CA 95969
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
 Medical and Professional office rental

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other

YOUR BUSINESS POSITION Managing Member

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None
 See attached Schedule Two

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

7066 Skyway (AP#050-040-090 & 052-040-093)
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 Paradise, CA
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Gregory L. Bolin
Form 700
Schedule Two

Ponderosa Professional Center, LLC
List of the Names of Each Reportable Single Source of Income Greater than \$10,000.

Note: Gregory L. Bolin owns 17% of Ponderosa Professional Center, LLC. While there are many tenants, no single source of income generates greater than \$10,000 considering Gregory's pro rata 17%.

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Gregory L. Bolin

▶ 1. BUSINESS ENTITY OR TRUST

Bolin Family Limited Partnership # 1

Name

7066 Skyway, Paradise, CA 95969

Address (Business Address Acceptable)

Check one

- Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Medical and Professional office rental

FAIR MARKET VALUE

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 13 / / 13
ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership Sole Proprietorship Limited Partnership
Other

YOUR BUSINESS POSITION General Partner & Manager

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

See attached Schedule Three

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT REAL PROPERTY

6585 Clark Road (AP#050-190-065 & 050-190-076)

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Paradise, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 13 / / 13
ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

Leasehold _____
Yrs. remaining

Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Bolin Family Limited Partnership # 2

Name

7066 Skyway, Paradise, CA 95969

Address (Business Address Acceptable)

Check one

- Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 13 / / 13
ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership Sole Proprietorship Limited Partnership
Other

YOUR BUSINESS POSITION General Partner & Manager

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT REAL PROPERTY

Outside of jurisdiction

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Paradise, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 13 / / 13
ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

Leasehold _____
Yrs. remaining

Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Gregory L. Bolin
Form 700
Schedule Three

Bolin Family I
Single Source of Income Greater Than \$10,000

<u>STE #</u>	<u>TENANT</u>
100	COBBLESTONE PHARMACY
120	Dr. Robert Victor
200	Dr. Mehrdad Razavi
220	DR. LANCE NEUMAN
240	RIDGE PRIMARY CARE MEDICAL ASSOCIATES, INC.
300	DR. CRAIG BOYLE
320	Care Net Pregnancy Center
340	CHICO EYE CENTER
400	Feather River Hospital
420	DR. MICHAEL VIALE
440	Feather River Hospital

6569 Clark Rd. Building
Stifel Nicolaus & Co., Inc.

6573 Clark Rd. Building
A UNILAB CORP
dba QUEST DIAGNOSTICS

B Bartlett's Hearing
Aid Center, Inc.

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Gregory L. Bolin

▶ 1. BUSINESS ENTITY OR TRUST

Gregory L. and Kathleen K. Bolin 1999 Trust

Name

162 Valley Ridge Dr., Paradise, CA 95969

Address (Business Address Acceptable)

Check one

Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

____/____/13 ____/____/13
ACQUIRED DISPOSED

NATURE OF INVESTMENT

Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

Dr. & Mrs Robert Victor

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

INVESTMENT REAL PROPERTY

Rental Residence at 1586 Henson Rd. (1/2 interest)

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Paradise, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

____/____/13 ____/____/13
ACQUIRED DISPOSED

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Gregory L. and Kathleen K. Bolin 1999 Trust

Name

162 Valley Ridge Dr., Paradise, CA 95969

Address (Business Address Acceptable)

Check one

Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

____/____/13 ____/____/13
ACQUIRED DISPOSED

NATURE OF INVESTMENT

Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

Mr. & Mrs. John Iler

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

INVESTMENT REAL PROPERTY

Rental Residence at 6508 Rocky Lane

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Paradise, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

____/____/13 ____/____/13
ACQUIRED DISPOSED

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: See attached Schedule Four for additional trust property

Gregory L. Bolin
Form 700
Schedule Four

Gregory L. & Kathleen K. Bolin 1999 Trust
Interests in Real Property Held

XX Real Property XX \$0 – 499 Gross Income
5282 Mirada Lane
Paradise, CA
Fair Market Value - \$100,001 - \$1,000,000
Acquired prior to 2007
XX Property Ownership/Deed of Trust

XX Real Property XX \$0 – 499 Gross Income
West Wagstaff Lane AP # 051-072-012
Paradise, CA
Fair Market Value - \$100,001 - \$1,000,000
Acquired prior to 2007
XX Property Ownership/Deed of Trust

XX Real Property XX \$0 – 499 Gross Income
Calambar AP # 041-090-031
Paradise, CA
Fair Market Value - \$100,001 - \$1,000,000
Acquired prior to 2007
XX Property Ownership/Deed of Trust

XX Real Property XX \$1,001 - \$10,000 Gross Income
½ Interest in Rental Residence at 463 Valley View Drive, AP # 053-170-201
Paradise, CA
Fair Market Value - \$100,001 - \$1,000,000
Acquired 05/30/2008
XX Property Ownership/Deed of Trust

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name

Gregory L. Bolin

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Antique Business</u>	NAME OF SOURCE OF INCOME <u>Trilogy Construction, Inc.</u>
ADDRESS (Business Address Acceptable) <u>162 Valley Ridge Dr., Paradise, CA 95969</u>	ADDRESS (Business Address Acceptable) <u>7066 Skyway, Paradise, CA 95969</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Sale of Antiques</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Construction General Contractor</u>
YOUR BUSINESS POSITION <u>Sole Proprietor</u>	YOUR BUSINESS POSITION <u>Owner and President</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input checked="" type="checkbox"/> Other <u>Interest on loan funds loaned to the entity.</u> <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	<small>Street address</small>
<input type="checkbox"/> \$500 - \$1,000		<small>City</small>
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> OVER \$100,000		

Comments: _____

