

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

CITY OF YUBA  
Date Received  
Official Use Only

JAN 28 2014

YUBA CITY  
(MIDDLE)



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Buckland John Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Yuba City, City Council  
Division, Board, Department, District, if applicable  
Your Position  
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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Yuba City  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.  The period covered is January 1, 2013, 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."

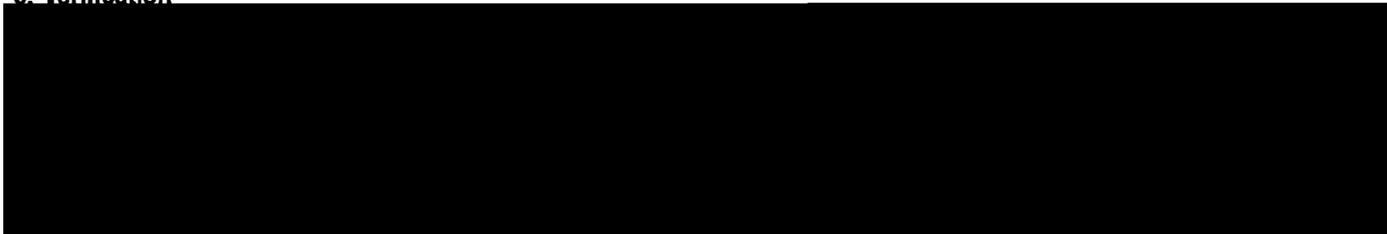
► Total number of pages including this cover page: 6

- 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



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

Date Signed 01/28/2014  
(month, day, year)







**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>Buckland</b>
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▶ NAME OF SOURCE (Not an Acronym)  
**Dignity Health**

ADDRESS (Business Address Acceptable)  
**185 Berry Street, San Francisco CA 94107**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Health Care**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04 / 14 / 13</b>	<b>\$ 33.86</b>	<b>Meal/Program</b>
	\$	
	\$	

▶ 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  
**Health Provider**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04 / 15 / 13</b>	<b>\$ 147.00</b>	<b>Reception/meal</b>
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Raney Planning & Management, Inc.**

ADDRESS (Business Address Acceptable)  
**1501 Sports Drive, Sacramento, CA 95834**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Planning Consulting Firm**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04 / 15 / 13</b>	<b>\$ 157.86</b>	<b>Meal</b>
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Kaiser Foundation Health Plan, Inc.**

ADDRESS (Business Address Acceptable)  
**1600 Eureka Road, Roseville CA 95661**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Health Care**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04 / 14 / 13</b>	<b>\$ 131.05</b>	<b>Meal</b>
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Teichert Construction**

ADDRESS (Business Address Acceptable)  
**3500 American River Drive, Sacramento CA 95864**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Construction**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04 / 15 / 13</b>	<b>\$ 147.00</b>	<b>Reception/meal</b>
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Hendrick Automotive Group**

ADDRESS (Business Address Acceptable)  
**4345 Rosewood Drive, Pleasanton CA 94588**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Auto Racing**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>06 / 23 / 13</b>	<b>\$ 320.00</b>	<b>Race Tickets</b>
	\$	
	\$	

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

**SCHEDULE D  
Income - Gifts**

Name  
**Buckland**

▶ NAME OF SOURCE (Not an Acronym)  
**Diepenbrock Elkin, LLP**

ADDRESS (Business Address Acceptable)  
**500 Capitol Mall, Suite 2200 Sacramento CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Law Firm**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04 / 14 / 13</b>	<b>\$ 33.86</b>	<b>Meal</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Montna Farms**

ADDRESS (Business Address Acceptable)  
**12755 Garden Highway, Yuba City CA 95991**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Farming**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 25 / 13</b>	<b>\$ 35.00</b>	<b>Gift Basket of Rice</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Environmental System Research Institute**

ADDRESS (Business Address Acceptable)  
**380 New York Street, Redlands CA 92373**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**GIS Solutions**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>09 / 20 / 13</b>	<b>\$ 107.32</b>	<b>B/T Headphones*</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Public Agency Risk Authority of California**

ADDRESS (Business Address Acceptable)  
**1525 Response Road, Suite 1 Sacramento CA 95815**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Risk Sharing Pool**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>09 / 20 / 13</b>	<b>\$ 85.10</b>	<b>Google Chromecast*</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Region Builders, Inc.**

ADDRESS (Business Address Acceptable)  
**1331 T Street, Sacramento CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Building Industry Political Liaison**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>09 / 06 / 13</b>	<b>\$ 92.50</b>	<b>Meal</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \*result of a random business card drawing at California League of Cities conference