

Please type or print in ink.

NAME OF FILER (LAST) NESBITT (FIRST) KEITH (MIDDLE) A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF AUBURN City Councilman
Division, Board, Department, District, if applicable
Your Position

CITY COUNCIL / APPOINTEE TO COMMISSIONS OR COMMITTEES LISTED BELOW

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
PLACER COUNTY TRANSPORTATION PLANNING AGENCY / CAPITAL CORRIDOR JPA
Agency: AIR POLLUTION CONTROL BO - ALTERNATE Position: BOARD OF DIRECTORS - MEMBER

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

State CAPITAL CORRIDOR JPA Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County AIR POLLUTION CONTROL BO County of PLACER - P.C.T.P.A.
 City of AUBURN Other

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 _____
 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.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

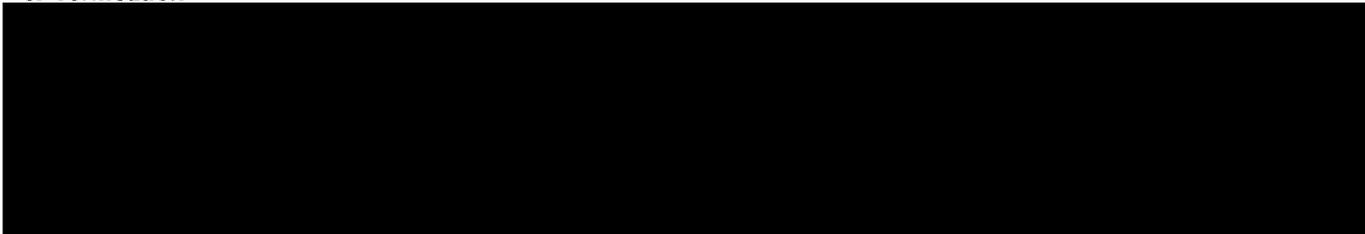
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

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

Date Signed 3/20/14
(month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

KEITH A. NESBITT

NAME OF BUSINESS ENTITY
COMMUNITY 1ST BANK

GENERAL DESCRIPTION OF THIS BUSINESS
BANKING

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

NATURE OF INVESTMENT
 Stock
 Other _____ (Describe)
 Partnership
 Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock
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IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

Comments:

SCHEDULE D
Income – Gifts

Name
KEITH A. NESBITT

▶ NAME OF SOURCE (Not an Acronym)
CHAMBER of COMMERCE

ADDRESS (Business Address Acceptable)
601 LINCOLN WAY - AUBURN 95603

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CHAMBER of COMMERCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4, 2013	\$ 50	TICKETS TO STATE OF COMMUNITY DINNER - THRU CITY OF AUB
9, 2013	\$ 110	B&W BALL TICKET

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
FIRE FIGHTERS

ADDRESS (Business Address Acceptable)
CITY OF AUBURN

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PUBLIC SAFETY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 2013	\$ 50	GIFT BASKET
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: **TICKETS DISTRIBUTED THRU CITY OF AUBURN - SPONSORS OF BOTH EVENTS**