

STATEMENT OF ECONOMIC INTERESTS

FILED
SIERRA COUNTY CLERK
Date Received
FEB 24 2014



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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

BY: HEATHER FOSTER DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) ADAMS, III (FIRST) LEE (MIDDLE) CARROLL

2014 FEB 27 PM 1:35

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SIERRA COUNTY

Division, Board, Department, District, if applicable

BOARD OF SUPERVISORS

Your Position

COUNTY SUPERVISOR, DISTRICT ONE

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

Agency: SEE ATTACHED LIST

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County SEE ATTACHED LIST

County of SIERRA

City of

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: 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

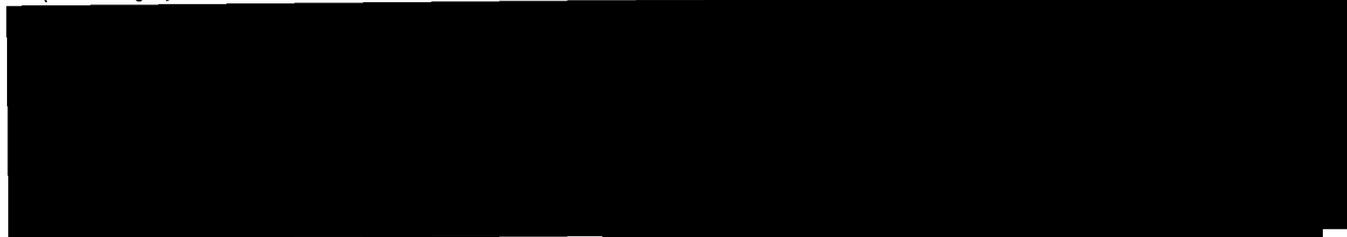
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

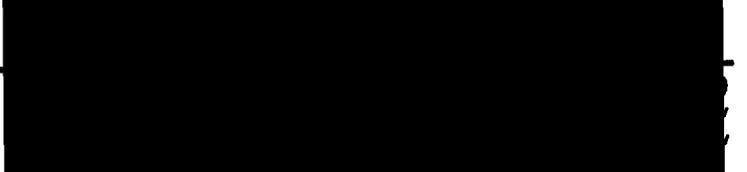
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)



Date Signed 02/22/2014
(month, day, year)



AGENCY/POSITION LIST



COUNTY OF SIERRA

COUNTY SUPERVISOR, DISTRICT ONE

COUNTY OF SIERRA

DIRECTOR, SERVICE AREA NO. ONE

COUNTY OF SIERRA

DIRECTOR, BOARD OF EQUALIZATION DIST ONE

COUNTY OF SIERRA

LAFCO, ALTERNATE MEMBER

REGIONAL COUNCIL OF RURAL COUNTIES

BOARD OF DIRECTORS, MEMBER & SECOND VICE CHAIR

CRHMFA, HOMEBUYERS FUND

DELEGATE

CALIF RURAL HOME MORTGAGE FIN CORP

DELEGATE

RURAL HEALTH JPA

DELEGATE

ENVIRONMENTAL SERVICES JPA

DELEGATE

PAC FOREST STEWARDSHIP COUNCIL

DELEGATE, REPRESENTING RCRC

NORTHERN SIERRA AIR QUAL MGMT. DIST

ALTERNATE MEMBER

CALIFORNIA STATE ASSOCIATION OF COUNTIES

BOARD OF DIRECTORS, MEMBER

NOR CAL EMERGENCY MEDICAL SERVICES, INC.

BOARD OF DIRECTORS, MEMBER

MOUNTAIN COUNTIES AIR BASIN

DELEGATE, CHAIR

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

- 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)
RURAL COUNTY REPRESENTATIVES OF CA

ADDRESS (Business Address Acceptable)
(RCRC) 1215 K STREET, SUITE 1650

CITY AND STATE
SACRAMENTO, CA 95814

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

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 13,270.96
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL, MEAL, & LODGING REIMB RELATED TO VOLUNTEER SERVICE ON RCRC BOARD

▶ NAME OF SOURCE (Not an Acronym)
NORTHERN SIERRA AIR QUALITY MGMT DIST

ADDRESS (Business Address Acceptable)
200 LITTON DRIVE, SUITE 320 PO BOX 2509

CITY AND STATE
GRASS VALLEY, CA 95945

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LOCAL AIR QUALITY MGMT DISTRICT

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 200.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL REIMB & MEETING STIPEND RELATED TO VOLUNTEER SERVICE ON NSAQMD BOARD

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA STATE ASSOCIATION OF COUNTIES

ADDRESS (Business Address Acceptable)
(CSAC) 1100 K STREET, SUITE 101

CITY AND STATE
SACRAMENTO, CA 95814

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

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 960.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL, MEAL, & LODGING REIMB RELATED TO VOLUNTEER SERVICE ON CSAC BOARD

▶ NAME OF SOURCE (Not an Acronym)
PACIFIC FOREST STEWARDSHIP COUNCIL

ADDRESS (Business Address Acceptable)
155 BOVET RD, SUITE 405

CITY AND STATE
SAN MATEO, CA 94402

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LAND CONSERVATION NON PROFIT

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 300.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
MEAL COSTS RELATED TO VOLUNTEER SERVICE ON PFSC BOARD

Comments: _____

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

Name
LELAND C. 'LEE' ADAMS III

- 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)
NOR CAL EMERGENCY MED SERVICES AGENCY

ADDRESS (Business Address Acceptable)
457 KNOLLCREST DRIVE, SUITE 120

CITY AND STATE
REDDING, CA 96001

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

DATE(S): 01, 01, 13 - 12, 31, 13 AMT: \$ 240.14
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
MEAL, TRAVEL, & LODGING REIMB RELATED TO VOLUNTEER SERVICE ON NOR CAL EMS BOARD

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA EMERGENCY TECHNOLOGY FUND

ADDRESS (Business Address Acceptable)
(CETF) 5 THIRD STREET, SUITE 320

CITY AND STATE
SAN FRANCISCO, CA 94103

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

DATE(S): 10, 17, 13 - ___/___/___ AMT: \$ 226.96
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
MEAL, TRAVEL, & LODGING REIMB RELATED TO ATTENDANCE AT CETF ROUNDTABLE

▶ NAME OF SOURCE (Not an Acronym)
FIRM FOUNDATION ACADEMY

ADDRESS (Business Address Acceptable)
1999 RIDGE ROAD

CITY AND STATE
PIKE CITY, CA 95960

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

DATE(S): 12, 06, 13 - ___/___/___ AMT: \$ 50.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
DINNER PROVIDED AT COMMUNITY OPEN HOUSE

▶ 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: _____