



STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
14 FEB 25 PM 1:15

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Beason Nathan H.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
County of Nevada  
Division, Board, Department, District, if applicable  
Board of Supervisors  
Your Position  
Supervisor, District 1

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

Agency: See attached listing Position: See attached listing

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

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



herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Date Signed 2/12/14  
(month, day, year)

**Nathan Beason, District I  
District 1 Form 700 SOEI Filing List for 2014  
Expanded Statement 2013/2014**

**DISTRICT I – NATE BEASON:**

<b><u>Member</u></b>	<b><u>Position</u></b>	<b><u>Jurisdiction of Office</u></b>
A4AA Governing Board	Member	Nevada, Placer, Sacramento, Sierra, Sutter, Yolo & Yuba Counties
(CRHMFA) California Rural Home Mortgage Finance Authority Homebuyers Fund (RCRC)	Member	See attached Listing.
Environmental Services JPA (RCRC)	Member	See attached Listing.
Local Agency Formation Commission (LAFCo)	Alternate commissioner	Nevada, Parts of Placer, Yuba & Sierra Counties
Nevada County Finance Authority	Alternate Member 2013	Nevada County
Nevada County Finance Authority	Member 2014	Nevada County
Nevada County Sanitation District #1	Director	Nevada County
Regional Council of Rural Counties (RCRC)	Member	See attached listing.
Transit Services Commission	Commissioner	Nevada County
Transportation Commission also acting As Nevada County Airport Land Use Commission (NCALUC)	Commissioner	Nevada County

**Form 700 Statement of Economic Interests for Calendar Year 2013  
List of RCRC Agencies and Member Counties**

NEVADA COUNTY AGENCY

NATHAN BEASON

Regional Council of Rural Counties  
CRHMFA Homebuyers Fund  
Environmental Services Joint Powers Authority

Member  
Delegate  
Delegate

**List of Member Counties**

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	Shasta County
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County	Sutter County
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolumne County
Merced County	Yolo County
	Yuba County

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

Name  
 Nathan H. Beason

- 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, CA 95814

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

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 7,136.65  
 (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 volunteer services on the RCRC Board.

▶ 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 \_\_\_\_\_

▶ 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: \_\_\_\_\_