

FILED

2014 MAR 27 PM 2:16



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

DEBORAH BENTLEY, CLERK
BY *[Signature]*
Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Breeman Sheppard A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Tulare County Board of Supervisors
Division, Board, Department, District, if applicable Your Position

one *supervisor*

► 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 *Tulare*
- Other _____

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

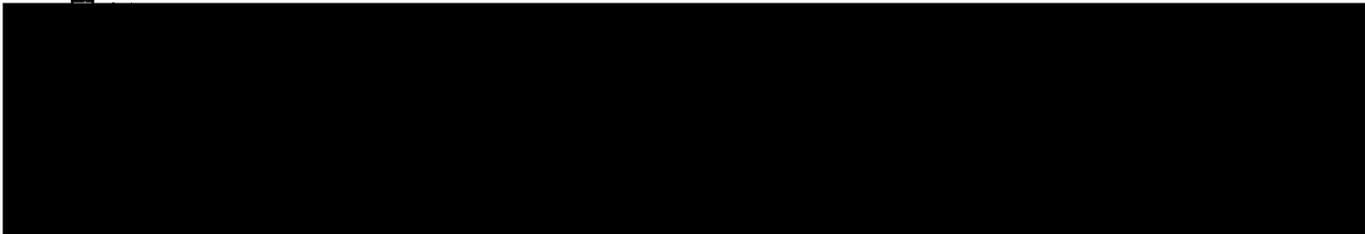
- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check 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: 5

- Schedule A-1 - Investments - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached



253 51
DAYTIME TELEPHONE NUMBER

(209) 333-5571

I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed *3-25-2014*
(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.

Name _____

▶ NAME OF BUSINESS ENTITY
EAB

GENERAL DESCRIPTION OF THIS BUSINESS
land investment / Stanislaus County

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 Other _____ (Describe)
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 \$100,001 - \$1,000,000 Over \$1,000,000

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 Stock Other _____ (Describe)
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 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

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

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

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 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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 \$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

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
37 Thea St

CITY
San Jose Ca

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
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
035-170-67

CITY
San Jose Ca

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
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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*
Senders Mkt Inc

ADDRESS (Business Address Acceptable)
P.O. Box 197 Maritana Ranch Ca

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
11 % None

TERM (Months/Years)
Interest only
Balance due 12/14

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER*
Bence Patrick

ADDRESS (Business Address Acceptable)
2909 Collee Rd Modesto Ca

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
7 % None

TERM (Months/Years)
Balance due 9/2014

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name _____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Girl Scouts Heart of Central Ca
 ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE
1099 Contractor / Horse Program
 YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
Manage feed, maintenance of horses owned by Council
 Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Williams Ranch
 ADDRESS (Business Address Acceptable) _____
Turlock Ca
 BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION
CO

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

- 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)
San Joaquin Cattlemen Assoc
 ADDRESS (Business Address Acceptable) _____

CITY AND STATE
Stockton Ca

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

DATE(S): 9/10/13 - 1/1 AMT: \$ 2500.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description donated hay during the Rim fire for displaced cattle

▶ NAME OF SOURCE (Not an Acronym)
Tulare County Farm Bureau
 ADDRESS (Business Address Acceptable) _____

CITY AND STATE
Jamestown Ca

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

DATE(S): 9/10/2013 - 1/1 AMT: \$ 700.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description trucking for hay donated by SPCA

▶ NAME OF SOURCE (Not an Acronym)
Regional Council of Rural Counties
 ADDRESS (Business Address Acceptable) _____

CITY AND STATE
Sacramento Ca

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

DATE(S): 2/1/2013 - 1/1 AMT: \$ 27.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description meal @ meeting

▶ NAME OF SOURCE (Not an Acronym)
California Farm Bureau
 ADDRESS (Business Address Acceptable) _____

CITY AND STATE
Sacramento Ca

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

DATE(S): 4/1/2013 - 1/1 AMT: \$ 120.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description reimburse mileage + lunch for meeting

Comments: _____