

2013 AN

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**  
RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**

**FILED** Received  
Official Use Only

FEB 25 2014



KATHLEEN MORAN

COLUSA COUNTY CLERK-RECORDER

Please type or print in ink.

NAME OF FILER (LAST) 2014 MAR 21 PM 2:13 (FIRST) Denise J.

**1. Office, Agency, or Court**

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

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

Agency: Colusa County Board of Supervisors Position: Board member

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Colusa
- 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 2014 and office sought, if different than Part 1: same as above

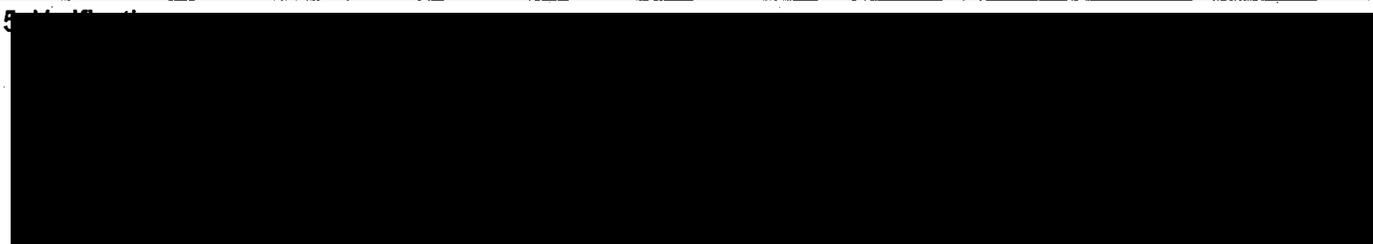
**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- Schedule A-1 - Investments** - schedule attached
- Schedule A-2 - Investments** - schedule attached
- Schedule B - Real Property** - schedule attached
- Schedule C - Income, Loans, & Business Positions** - schedule attached
- Schedule D - Income - Gifts** - schedule attached
- Schedule E - Income - Gifts - Travel Payments** - schedule attached
- None - No reportable interests on any schedule**

-or-



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

Date Signed 02/24/2014  
(month, day, year)



Attachment

**Denise J. Carter**

If filing for multiple positions, list on an attachment

<u>AGENCY</u>	<u>POSITION</u>
CSAC Excess Insurance Authority (CSAC-EIA)	Board member
Local Agency Formation Commission (LAFCo)	Board member
Children and Families Commission/First 5	Board member
Trindel Insurance Fund	Board member
Colusa County Partnership/One-Stop	Board member
Sacramento Valley Basin Wide Air Pollution Control Council	Board member
Sierra Sacramento Valley EMS <u>LIST OF SAC VALLEY EMS MEMBER COUNTIES</u> Butte Colusa Nevada Placer Shasta Siskiyou Sutter Tehama Yolo Yuba	Board member
Northern Sacramento Valley Integrated Regional Water Management (IRWMP) <u>LIST OF IRWMP MEMBER COUNTIES</u> Colusa County Butte County Glenn County Shasta County Sutter County Tehama County	Board member

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

Denise J. Carter

NAME OF BUSINESS ENTITY  
Apple, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer Manufacturer

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  
Edison International

GENERAL DESCRIPTION OF THIS BUSINESS  
Utility

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  
Chevron Corp

GENERAL DESCRIPTION OF THIS BUSINESS  
Petroleum

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)  
 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  
IBM

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer Manufacturer

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)  
 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 A-2

Attachment

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Denise Carter

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE

BUSINESS ENTITY OR TRUST
Benden Farms
Lundberg Family Farms
Sunwest Foods
Eden Foods
Colusa Milling
Sakata Seed
Amy's Kitchen
Seeds by Design
Terra Organics
D&D Hay Sales





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

Name  
 Denise J. Carter

- 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)  
 Representing California's Rural Counties (RCRC)

ADDRESS (Business Address Acceptable)  
 1215 K Street, Ste. 1650

CITY AND STATE  
 Sacramento, CA 95814

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

---

DATE(S): 01 / 31 / 13 - 12 / 31 / 13 AMT: \$ 38.70  
 (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: \_\_\_\_\_