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REGISTRAR OF VOTERS
SUTTER COUNTY

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) CLEVELAND, JR. (FIRST) STANLEY (MIDDLE) MARSHALL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COUNTY OF SUTTER

Division, Board, Department, District, if applicable

BOARD OF SUPERVISORS

Your Position

SECOND DISTRICT REPRESENTATIVE

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

Agency: SEE ATTACHED LIST

Position: SEE ATTACHED LIST

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

State

Multi-County SUTTER, BUTTE, NEVADA, COLUSA,

City of SACRAMENTO, PLACER, EL DORADO

Judge or Court Commissioner (Statewide Jurisdiction)

County of _____

Other YOLO, GLENN, TEHEMA, SHASTA

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 01 / 14 / 2014

Leaving Office: Date Left 01 / 14 / 2014
(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: 6

Schedule A-1 - Investments – schedule attached

Schedule A-2 - Investments – schedule attached

Schedule B - Real Property – schedule attached

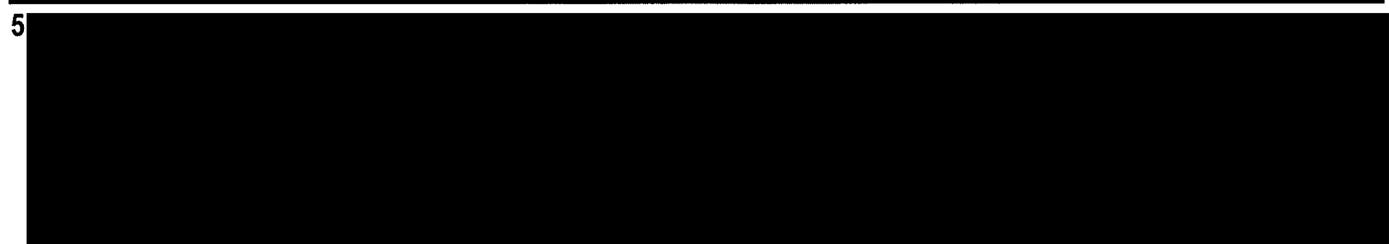
Schedule C - Income, Loans, & Business Positions – schedule attached

Schedule D - Income – Gifts – schedule attached

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

-or-

None - No reportable interests on any schedule



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

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

**FORM 700 – ANNUAL STATEMENT
January 1, 2013 – December 31, 2013**



STANLEY CLEVELAND, JR.

Committee Member

Yuba-Sutter Economic Development Corporation

Gilsizer Drainage District
Northern Sacramento Valley Integrated Regional Water Mgmt. Group
Regional Housing Authority of Sutter & Nevada Counties
SACOG

Capitol Valley SAFE

Sutter-Butte Flood Control Agency
Sutter County LAFCO
Yuba-Sutter Transit Authority, Board Member

Committee Member - Alternate

Regional Council of Rural Counties
Sierra-Sacramento Valley EMS
Sutter-Yuba Substance Abuse Advisory Board

* * * *

ASSUMING OFFICE STATEMENT – DATE: JANUARY 14, 2014

Feather River Air Quality Management District, Board Member

* * * *

LEAVING OFFICE STATEMENT – DATE: JANUARY 14, 2014

Area 4 Agency on Aging, Board Member
SAFCA, Alternate Board Member

**FORM 700 – ANNUAL STATEMENT
January 1, 2013 – December 31, 2013**

STANLEY CLEVELAND, JR.

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Northern Sacramento Valley Integrated Regional Water Mgmt. Group

Regional Housing Authority of Sutter & Nevada Counties

~~SACOG~~

~~Sutter-Butte Flood Control Agency~~

Sutter County LAFCO

Yuba-Sutter Transit Authority, Board Member

Committee Member - Alternate

Regional Council of Rural Counties

Sierra-Sacramento Valley EMS

Sutter-Yuba Substance Abuse Advisory Board

* * * *

ASSUMING OFFICE STATEMENT – DATE: JANUARY 14, 2014

~~Feather River Air Quality Management District, Board Member~~

* * * *

LEAVING OFFICE STATEMENT – DATE: JANUARY 14, 2014

Area 4 Agency on Aging, Board Member

SAFCA, Alternate Board Member

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

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name STANLEY CLEVELAND, JR. |
|--|

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|---|--|
| NAME OF SOURCE OF INCOME <u>Becky's Custom Sewing</u> | NAME OF SOURCE OF INCOME _____ |
| ADDRESS (Business Address Acceptable) <u>868 Franklin Ave., Yuba City, CA 95991</u> | ADDRESS (Business Address Acceptable) _____ |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Sewing Repair & Manufacturing</u> | BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ |
| YOUR BUSINESS POSITION <u>Co-Owner</u> | YOUR BUSINESS POSITION _____ |
| GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small> | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small> |

▶ 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 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small> |
|---|---|

Comments: _____

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

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>STANLEY CLEVELAND, JR.</u> |
|--|

- 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: \$ 151.55
(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)
Chevron Energy Solutions

ADDRESS (Business Address Acceptable)
23 Nevada

CITY AND STATE
Irvine, CA 92606

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

DATE(S): 11 / 19 / 13 - / / AMT: \$ 97.66
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Attendance at a dinner during the CSAC Conference in San Jose, CA

▶ 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: _____