

FEB 25 2014

Please type or print in ink.

2014 FEB 28 AM 11:45

ALPINE COUNTY CLERK

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hames Ron

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Alpine County
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Supervisor District 2

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

Agency: see attached Position: see attached

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

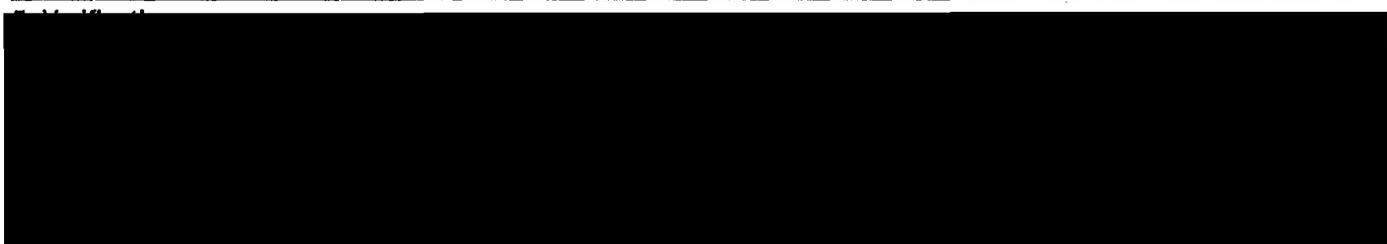
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other see attached

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



I certify under penalty of perjury under the laws of the State of California that the information furnished herein and in any attached schedules is true and complete. I declare under penalty of perjury under the laws of the State of California that I have not provided any false or misleading information.

Date Signed 2/25/2014
(month, day, year)



EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700
2013/2014

RON HAMES

ALPINE COUNTY SUPERVISOR
DISTRICT 2

Golden Sierra Job Training Agency
Jurisdiction: Alpine, El Dorado, Nevada, Placer, Sierra
Alternate Board Member

Great Basin Unified Air Pollution Control Board
Jurisdiction: Alpine, Inyo, Mono
Board Member

Local Agency Formation Commission
Jurisdiction : Alpine
Commissioner

STPUD Contract Commission
Jurisdiction: Alpine
Commissioner

First 5 Alpine – Children and Families Commission
Jurisdiction: Alpine
Alternate Commissioner

Sierra Nevada Conservancy Assuming Office (1-7-2014)
Jurisdiction: Alpine, Inyo, Mono
Alpine County Representative on Eastern Sub-Region

Upper Mokelumne River Watershed Authority (Annual/ Leaving Office 1-7-2014)
Jurisdiction: JPA: Alpine County, Alpine County Water Agency, Amador County,
Amador Water Agency, Calaveras County, Calaveras County Water District,
Calaveras Public Utility District, East Bay Municipal Utility District, Jackson Valley
Irrigation District
Alternate Board Member

FPPC

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Ron Hames

- 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 California

ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1650

CITY AND STATE
 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Advocacy for rural counties

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 65.15
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Meals, expense reimbursements and expenses paid
by RCRC

▶ NAME OF SOURCE (Not an Acronym)
 California State Association of Counties

ADDRESS (Business Address Acceptable)
 1100 K Street, Suite 101

CITY AND STATE
 Sacramento CA 95814

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 0.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Meals, expense reimbursements and expenses paid
by CSAC

▶ 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: _____