

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL
PRACTICES COMMISSION
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CO. CLERK ADMINISTRATION

Please type or print in ink.



NAME OF FILER (LAST) James (FIRST) Holmes (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Placer County - Board Of Supervisors
Division, Board, Department, District, if applicable
Your Position
Board of Supervisors

► 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 See Attached List
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Placer
- Other _____

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)
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- 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: 4

- Schedule A-1 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule A-2 - Investments - 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



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 3/4/14
(month, day, year)



STATEMENT OF ECONOMIC INTERESTS



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CO. CLERK ADMINISTRATION

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Holmes James W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Placer County - Board Of Supervisors

Division, Board, Department, District, if applicable

Your Position

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- County of Placer
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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.
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- Candidate: Election year _____ and office sought, if different than Part 1: _____

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- Schedule D - Income - Gifts - schedule attached
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-or-

None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State

Date Signed 3/4/14
(month, day, year)



**LIST OF BOARDS AND COMMISSION AND POSTION FOR
Jim Holmes 2013
700 Forms**



- | | | | | |
|---|--|--|-----------------------------------|----------------------------------|
| ✓ | Air Pollution Control Dist. - Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| | Area 4 Agency on Aging Advisory/
Governing/JPA Boards – Alternate | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| | Auburn Dam Council – Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| | Capitol Corridor Joint Powers
Authority Board – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| | Community Services Commission –
Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| ✓ | County Audit Committee – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| | CSAC/Board of Directors – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| ✓ | First Five Children and Families
Commission – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| | CRHMFA Homebuyers Fund/First Time
Homebuyer Mortgage Revenue Bond
Program – JPA (RCRC) – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| | Golden Sieraa Job Training Agency
Governing Board – Alternate | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| ✓ | Local Agency Formation –
Commssion (LAFCO) – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| ✓ | Mental Health Alcohol & Drug
Advisory Board – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| ✓ | Middle Fork Project Finance Authority
Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| | Mountain Counties Air Basin (MCAB) –
Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| | Mountain Counties Water Resources Council –
Alternate | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |



**Older Adult Advisory Commission –
Board Member**

Annual Assuming Leaving

**Oversight Board of the Successor Agency of
the former Redevelopment Agency of the City
of Rocklin**

Annual Assuming Leaving

**Please County Indian Gaming Local
Community Benefit Committee –
Board Member**

Annual Assuming Leaving

✓ **Placer County Transportation Planning Agency
(PCTPA) – Board Member**

Annual Assuming Leaving

**Placer Nevada Wastewater Authority – JPA
Alternate**

Annual Assuming Leaving

**Regional Council of Rural Counties (RCRC)
Board Member**

Annual Assuming Leaving

Remote Access Network (RAN) Advisory Board

Annual Assuming Leaving

Sacramento Area Council of Governments

Annual Assuming Leaving

**Sacramento Area Council of Governments/
Advisory Committee/Rancho Cordova –
South Placer Connector – Board Member**

Annual Assuming Leaving

**Sacramento Area Council of Governments
Capitol Valley Regional Service Authority
Board Member**

Annual Assuming Leaving

**Sierra- Sacramento Valley Emergency Medical
Services Agency (EMS) – Board Member**

Annual Assuming Leaving

**Veterans Memorial Hall Board
(Loomis) – Board Member**

Annual Assuming Leaving

**Water Resources & Energy Committee
(Placer County/PCWA) – Board Member**

Annual Assuming Leaving

Please Note: Some committees listed above may include multi-jurisdictional participation.

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
James Holmes

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2435 Grass Valley Highway

CITY
Auburn, CA 95603

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/13
 \$10,001 - \$100,000 _____/_____/13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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
Deer Creek Associates

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2445, 2447, 2449 Cottage Drive

CITY
Auburn, CA 95603

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/13
 \$10,001 - \$100,000 _____/_____/13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

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

Comments: _____

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

Name
 James Holmes

- 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: \$ 530.09
 (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 of Directors

▶ 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: _____

2013 DELEGATE EXPENSE

County: **Placer**
Delegate: **J. Holmes**

RCRC Delegate Reimbursements	0.00
RCRC Paid on the Behalf	138.99
RCRC Meeting Meals	391.10
Total Expenses:	530.09