

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

COUNTY OF SAN DIEGO

Date Received  
Official Use Only

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
PM 12 03



2014 MAR 02 PM 12:17  
THE BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER (LAST) HORN (FIRST) WILLIAM

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
BOARD OF SUPERVISORS  
Division, Board, Department, District, if applicable DISTRICT 5  
Your Position SUPERVISOR

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

Agency: SEE ATTACHED Position:

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of SAN DIEGO
- City of  Other

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

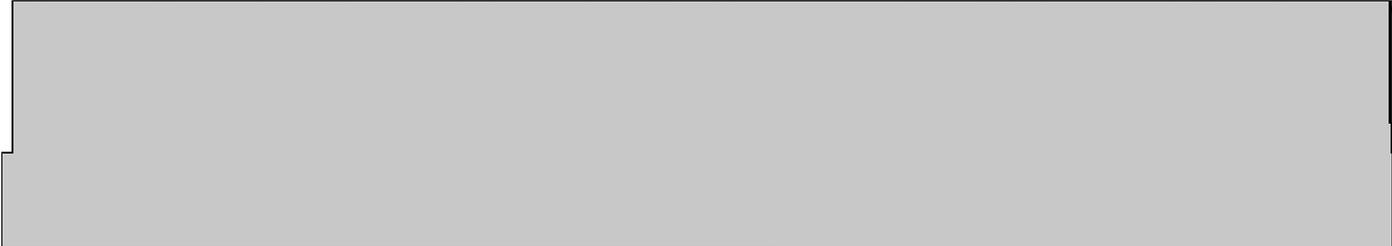
- Annual: The period covered is January 1, 2013, through December 31, 2013.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.
- The period covered is January 1, 2013, through the date of leaving office.
- 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: 9

- 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



herein and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/7/14  
(month, day, year)

Signature



**2013 Form 700 – William G. Horn**

Additional Agencies:

- California State Association of Counties (CSAC) - **Alternate**
- ✓ • Local Agency Formation Commission (LAFCO)
- Multiple Habitat Conservation Program
- National Association of Counties (NACO)
- ✓ • North County Transit District (NCTD)
- Rincon Shared Benefit Fund Selection Committee
- ✓ • San Diego Abandoned Vehicle Abatement Service Authority (AVA)
- ✓ • San Diego Association of Governments (SANDAG)
- ✓ • San Diego County Water Authority
- Santa Margarita River Watershed Management Program Policies Committee
- SDG&E/Stakeholders Fire Safety Collaborative Process – **Alternate**
- Tobacco Securitization JPA – Sacramento
- Tobacco Securitization JPA – San Diego
- Urban County Caucus - **Alternate**

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 HORN, WILLIAM G

**▶ 1. BUSINESS ENTITY OR TRUST**

HORN TRUST  
 Name  
 P.O. BOX 1075, VALLEY CENTER, CA 92082  
 Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 13                      / / 13  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

MISSION PRODUCE

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

APN 129-030-81-00 (AVOCADO GROVE)

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
 VALLEY CENTER, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 13                      / / 13  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

HORN TRUST  
 Name  
 P.O. BOX 1075, VALLEY CENTER, CA 92082  
 Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 13                      / / 13  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

SUNDANCE NATURAL FOODS

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

APN 129-270-37-00 (TANGELO GROVE)

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
 VALLEY CENTER, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 13                      / / 13  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 HORN, WILLIAM G

**▶ 1. BUSINESS ENTITY OR TRUST**

HORN TRUST  
 Name  
 P.O. BOX 1075, VALLEY CENTER, CA 92082  
 Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 13                      / / 13  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

HORN TRUST  
 Name  
 P.O. BOX 1075, VALLEY CENTER, CA 92082  
 Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 13                      / / 13  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

SEE ATTACHED LIST

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

SEE ATTACHED LIST

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

APN 230-052-12-00 (APARTMENT BUILDING)

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
 ESCONDIDO, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 13                      / / 13  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

APN 230-052-21-00 (APARTMENT BUILDING)

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
 ESCONDIDO, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 13                      / / 13  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_



2013 Form 700 – HORN, WILLIAM G.

Tenant List > \$10,000.00 yearly

TENANT
Aguas
Agulara
Alejandro
Aparicio
Arellano
Artenga
Augstacio
Bahena
Baza
Beceml
Bonilla
Casiano
Ceron
Chanu
Chavez
Cortez
Cruse
DeRouis
Duran
Estrada
Farjas
Filares
Flores
Francis
Gallegos
Garcia
Gill
Gomez
Gomez
Gomez
Gonzalez
Gonzalez
Haney

TENANT
Hernandez
Hernandez
Hernandez
Hernandez
Hinojosa
Iglesias
Jimenez
Ledesma
Leon
Leon
Lopez
Lopez
Luviario
Maga
Magallan
Magallan
Martinez
Martinez
Minjares
Nava
Noyola
Ochoa
Olvaris
Oregon
Osborne
Osorio
Pachuca
Palos
Pena
Prado
Rabago
Ramirez
Reynoso

TENANT
Rivas
Robinson
Robinson
Romero
Ruiz
Salinas
Sanchez
Sanchez
Sanchez
Silva
Silva
Sotelo
Soto
Tecuapa
Teran
Torres
Torres
Torres
Torres
Vallego
Vargas
Vargus
Ventura
Vilaysadi
Wharton
Zea

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
**HORN, WILLIAM G**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**3212 AVENIDA LA CIMA**

CITY  
**CARLSBAD, CA - jointly owned w/ Joan Wonsley**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / **13**      DISPOSED      /      / **13**

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  
**APN 416-431-19-00**

CITY  
**SAN DIEGO, CA - jointly owned w/ Alice Hatten**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / **13**      DISPOSED      /      / **13**

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 D  
Income – Gifts**

Name  
**HORN, WILLIAM G**

▶ NAME OF SOURCE (Not an Acronym)  
**CALIFORNIA STRATEGIES**

ADDRESS (Business Address Acceptable)  
**2488 Historic Decatur Rd, San Diego, 92106**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 06 / 13	\$ 77.00	Installation Dinner
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**FALLBROOK FILM FACTORY**

ADDRESS (Business Address Acceptable)  
**2900 Via del Robles, Fallbrook 92028**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 07 / 13	\$ 80.00	Awards Dinner
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**BUILDING INDUSTRY ASSOCIATION**

ADDRESS (Business Address Acceptable)  
**9201 Spectrum Center Blvd #110, San Diego, 92123**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 09 / 13	\$ 314.44	Installation Dinner x2
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**SYCUAN BAND OF THE KUMEYAAAY NATION**

ADDRESS (Business Address Acceptable)  
**1 Kwaaypaay Court, El Cajon, 92019**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 13	\$ 97.00	Padres Ticket/Parking
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Carlsbad Chamber of Commerce**

ADDRESS (Business Address Acceptable)  
**5934 Priestly Dr, Carlsbad, CA 92008**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 13	\$ 291.50	Awards Dinner x2
/  /	\$	
/  /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**HERZOG**

ADDRESS (Business Address Acceptable)  
**PO Box 1089, St. Joseph, MO 64502**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 13	\$ 150.00	Lincoln Reagan Dinner
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
**HORN, WILLIAM G**

▶ NAME OF SOURCE (Not an Acronym)  
**RINCON BAND OF LUISENO INDIANS**

ADDRESS (Business Address Acceptable)  
**1 West Tribal Road, Valley Center, CA 92082**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 08 / 13	\$ 220.00	CSUSM Gala x2
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**NEW MAJORITY**

ADDRESS (Business Address Acceptable)  
**12526 High Bluff Drive, Ste. 300, San Diego 92130**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 12 / 13	\$ 50.00	Holiday Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**REPUBLICAN PARTY OF SAN DIEGO**

ADDRESS (Business Address Acceptable)  
**16935 West Bernardo Drive, San Diego, 92127**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 25 / 13	\$ 150.00	Salute to Electeds
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**RANCHO SANTA FE ASSOCIATION**

ADDRESS (Business Address Acceptable)  
**17022 Avenida Delicias, Rancho Santa Fe, 92067**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 04 / 13	\$ 199.95	H&D Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**ASSOCIATED GENERAL CONTRACTORS**

ADDRESS (Business Address Acceptable)  
**6212 Ferris Square, San Diego 92121**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 13	\$ 65.00	Awards Luncheon
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**DR. LEONARD OKUN**

ADDRESS (Business Address Acceptable)  
**5575 Ruffin Rd, San Diego, CA 92123**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 13	\$ 74.95	Gift Basket
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

**SCHEDULE D  
Income - Gifts**



▶ NAME OF SOURCE (Not an Acronym)  
TRI CITY MEDICAL CENTER  
 ADDRESS (Business Address Acceptable)  
4002 Vista Way, Oceanside, CA 92056  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 13</u>	\$ <u>292</u>	<u>Awards Dinner x2</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

COUNTY OF SAN DIEGO  
 CLERK OF THE BOARD  
 OF SUPERVISORS  
 2014 JUL 23 PM 1:24

**Filer's Verification**

Print Name William G Horn

Office, Agency or Court County of San Diego

Statement Type  2013/2014 Annual  Assuming  Leaving  
 2013 Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 7/23/14

Filer's Signature (c)(1)

Comments: \_\_\_\_\_