



**COVER PAGE**

Filed Date: 03/12/2014 03:55 PM  
SAN: 011400058-STH-0058

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Kingsley Matthew W

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

Agency Name (Do not use acronyms)

Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

Supervisor 5th District 1

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

Agency: SEE ATTACHED LIST

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of Inyo

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 01 / 07 / 2013, 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: 3

**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**

**5. Verification**

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

Date Signed 03/12/2014 03:55 PM

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
EXPANDED STATEMENT LIST

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Matthew Kingsley

Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
Public Works Department	LTC Commissioner 5	County of Inyo	Annual	01/01/13 - 12/31/13
Agriculture Department	Non Voting Member	County of Inyo	Annual	01/07/13 - 12/31/13
Public Works Department	Airport Advisory Committee 12	County of Inyo	Annual	01/07/13 - 12/31/13

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

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Name

Matthew Kingsley

▶ NAME OF SOURCE *(Not an Acronym)*

Chevron Oil

ADDRESS *(Business Address Acceptable)*

150 W San Carlos St, San Jose, CA 95113

BUSINESS ACTIVITY, IF ANY, OF SOURCE

County Supervisor Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 20 / 13</u>	<u>\$ 150.00</u>	<u>dinner</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>

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ADDRESS *(Business Address Acceptable)*

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<u>  /  /  </u>	<u>\$</u>	<u> </u>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>

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