

BOS



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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MacGlashan Roberta D.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
County of Sacramento
Division, Board, Department, District, if applicable
Board of Supervisors, District 4
Your Position
County Supervisor
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: (See attached) Position:

FILED
SACRAMENTO COUNTY
APR 01 2014
DAVID VILANUEVA, CLERK/RECORDER
DEPUTY

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

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

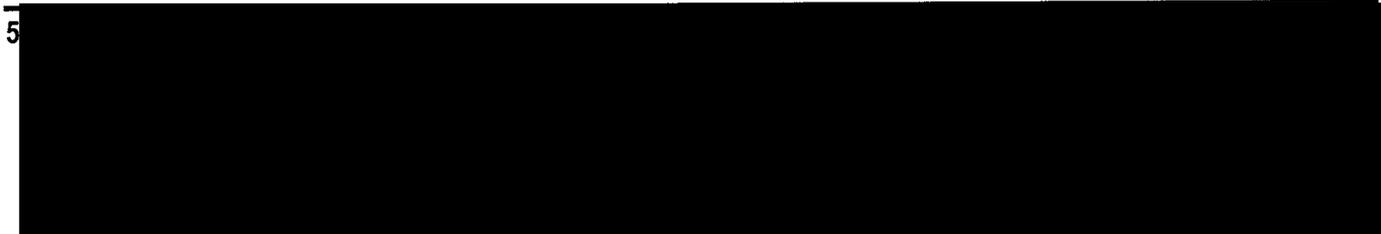
RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 11 PM 4:2

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 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: 16
 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 and certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/25/14
(month, day, year)

Roberta D. MacGlashan



Form 700
2013 Statement of Economic Interests
Page 2 of Cover Page

-
- | | | |
|-----|-----------------------------------------------------------|------------------------|
| 1. | Area 4 Agency on Aging JPA | Board Member |
| 2. | <u>Capital Southeast Connector Authority</u> | Alternate Board Member |
| 3. | First 5 Sacramento Commission | Alternate Commissioner |
| 4. | <u>Freeport Regional Water Authority</u> | Alternate Board Member |
| 5. | Regional Human Rights/Fair Housing Commission | Board Member |
| 6. | Sacramento Area Commerce & Trade Organization | Alternate Member |
| 7. | <u>Sacramento Area Council of Governments</u> | Board Director |
| | • <u>Capitol Valley Regional SAFE /</u> | Board Director |
| 8. | Sacramento Area Flood Control Agency | Board Member |
| 9. | Sacramento Area Sewer District | Board Member |
| 10. | Sacramento County Public Facilities Financing Corporation | Director |
| 11. | Sacramento County Water Agency | Board Member |
| 12. | Sacramento Groundwater Authority | Alternate Board Member |
| 13. | Sacramento Metropolitan Air Quality Management District | Board Member |
| 14. | Sacramento Metropolitan Cable Television Commission | Board Member |
| 15. | <u>Sacramento-Placerville Transportation Corridor JPA</u> | Alternate Board Member |
| 16. | Sacramento Public Library Authority | Board Member |
| 17. | Sacramento Regional County Sanitation District | Board Member |
| 18. | Sacramento Regional Solid Waste Authority | Board Member |
| 19. | Sacramento Regional Transit District | Board Member |
| 20. | Sacramento Transportation Authority | Board Member |
| | • Sacramento Abandoned Vehicle Service Authority | Board Member |
| 21. | Tobacco Securitization Corporation | Board Member |

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
MacGlashan, Roberta D.

▶ 1. BUSINESS ENTITY OR TRUST

MacGlashan Family Revocable Living Trust
Name
11471 Round House Court, Gold River, CA 95670
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

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

Check one box:
 INVESTMENT REAL PROPERTY

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

Financial Services
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

Name
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

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

Check one box:
 INVESTMENT REAL PROPERTY

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

Food & Beverage
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
 MacGlashan, Roberta D.

▶ 1. BUSINESS ENTITY OR TRUST

MacGlashan Family Revocable Living Trust
 Name
 11471 Round House Court, Gold River, CA 95670
 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

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

Check one box:
 INVESTMENT REAL PROPERTY

Yum Brands, Incorporated
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 Food & Beverages
 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

Name
 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

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

Check one box:
 INVESTMENT REAL PROPERTY

Johnson & Johnson
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 Pharmaceuticals
 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)

Name
 MacGlashan, Roberta D.

▶ 1. BUSINESS ENTITY OR TRUST

MacGlashan Family Revocable Living Trust
 Name
 11471 Round House Court, Gold River, CA 95670
 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:
<input type="checkbox"/> \$0 - \$1,999	____/____/13 ____/____/13
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> 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

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

Check one box:
 INVESTMENT REAL PROPERTY

Ventas, Incorporated
 Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property
 Real Estate Investment Trust
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13 ____/____/13
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

▶ 1. BUSINESS ENTITY OR TRUST

Name
 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:
<input type="checkbox"/> \$0 - \$1,999	____/____/13 ____/____/13
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> 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

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

Check one box:
 INVESTMENT REAL PROPERTY

Health Care REIT, Incorporated
 Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property
 Real Estate Investment Trust
 Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13 ____/____/13
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

Comments: _____

SCHEDULE D
Income – Gifts

Name
MacGlashan, Roberta D.

▶ NAME OF SOURCE (Not an Acronym)
Fair Oaks Theatre Festival
 ADDRESS (Business Address Acceptable)
7991 California Avenue, Fair Oaks, CA 95628
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 16 / 13</u>	<u>\$ 50.00</u>	<u>2 Tix - Fundraiser</u>
<u> / / </u>	<u>\$</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
North State Building Industry Association
 ADDRESS (Business Address Acceptable)
1536 Eureka Road, Roseville, CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 18 / 13</u>	<u>\$ 250.00</u>	<u>2 tix - Annual Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Ramey Osborne
 ADDRESS (Business Address Acceptable)
11290 Pyrites Way, #102, Gold River, CA 95670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Marketing Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 17 / 13</u>	<u>\$ 140.00</u>	<u>2 Tix - Sac Capitals</u>
<u> / / </u>	<u>\$</u>	<u>Tennis Match</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Burger Rehabilitation Systems
 ADDRESS (Business Address Acceptable)
1301 E. Bidwell Street, #201, Folsom, CA 95630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Physical Therapy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 12 / 13</u>	<u>\$ 125.00</u>	<u>1 tkt Chamber Summit</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Hotel Association
 ADDRESS (Business Address Acceptable)
P.O. Box 276567, Sacramento, CA 95827
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hotel Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 15 / 13</u>	<u>\$ 250.00</u>	<u>2 tix-Hospitality Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
AKT Investments
 ADDRESS (Business Address Acceptable)
7700 College Town Drive, Sacramento, CA 95826
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 13</u>	<u>\$ 100.00</u>	<u>1 Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
MacGlashan, Roberta D.

▶ NAME OF SOURCE (Not an Acronym)
Serotonin Surge Charities
 ADDRESS (Business Address Acceptable)
1955 Cowell Blvd., Davis, CA 95618
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care Non-Profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 22 / 13</u>	<u>\$ 200.00</u>	<u>2 tix - Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Crime Victims United Dinner
 ADDRESS (Business Address Acceptable)
11400 Atwood Rd. Auburn, CA 95603
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Victim's Rights Non-Profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 28 / 13</u>	<u>\$ 300.00</u>	<u>1 tkt - Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
George Kammerer
 ADDRESS (Business Address Acceptable)
2150 River Plaza Drive, Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney, Hefner, Stark & Marois

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 18 / 13</u>	<u>\$ 200.00</u>	<u>2 Tix - Ride to Walk</u>
<u> / / </u>	<u>\$ </u>	<u>Fundraiser Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Melena & Enlow Ose
 ADDRESS (Business Address Acceptable)
2399 American River Drive, Sacramento, CA 95825
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 06 / 13</u>	<u>\$ 125.00</u>	<u>2 Dinners</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Taylor & Wiley
 ADDRESS (Business Address Acceptable)
2870 Gateway Oaks Drive, Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 15 / 13</u>	<u>\$ 300.00</u>	<u>1 tkt Urban League FR</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Michele Steeb
 ADDRESS (Business Address Acceptable)
11704 Melones Circle, Gold River, CA 95670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Executive Director, St. John's Shelter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 01 / 13</u>	<u>\$ 100.00</u>	<u>2 Dinners @ Plates</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 MacGlashan, Roberta D.

▶ NAME OF SOURCE (Not an Acronym)
 Law Offices of Gregory Thatch

ADDRESS (Business Address Acceptable)
 1730 I Street, #220, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	\$ 125.00	1 tkt - Salvation Army Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Sacramento Region Builders

ADDRESS (Business Address Acceptable)
 1331 T Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 13	\$ 190.00	2 Tix Dinner Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Kikkoman Foods

ADDRESS (Business Address Acceptable)
 1000 Glenn Drive, Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Food Production

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 13	\$ 100.00	2 Tix Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

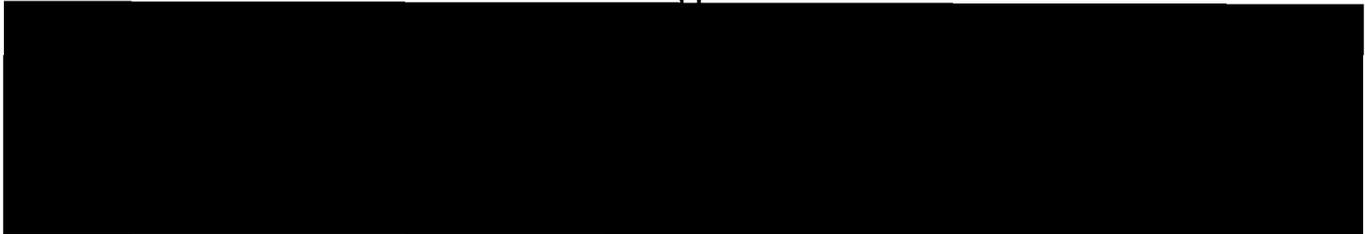
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE



Comments: _____
