

GOC

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
Official Use Only

COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION

MAR 07 2014



Please type or print in ink.

2014 MAR 14 PM 2:25

CLERK ADMINISTRATION

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Montgomery Jennifer Monten

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)

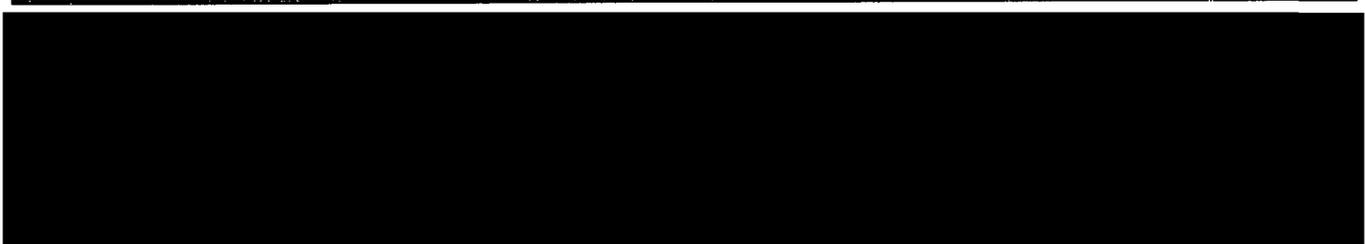
- State
- Multi-County See Attached List
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Placer
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- 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.
- 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: 11
- 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 am

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

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



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED  
MAR - 7 2014  
RECEIVED  
MAR 07 2014  
BY: FPPC-  
CO. CLERK ADMINISTRATION



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Montgomery Jennifer Monten

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  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County See Attached List  County of Placer  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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.  
 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: 11  
 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

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



LIST OF BOARDS AND COMMISSION AND POSITION FOR

Jennifer Montgomery 2013

700 Forms



- ✓ Air Pollution Control Dist. - **Board Member**       Annual     Assuming     Leaving
- American River Authority - **Board Member**       Annual     Assuming     Leaving
- Auburn City Council/Placer County  
Liason Committee – **Board Member**       Annual     Assuming     Leaving
- Auburn Dam Council – **Alternate**       Annual     Assuming     Leaving
- ✓ Economic Development Board – **Board Member**       Annual     Assuming     Leaving
- ✓ Middle Fork Project Finance Authority  
**Alternate**       Annual     Assuming     Leaving
- Mountain Counties  
Water Resources Council - **Board Member**       Annual     Assuming     Leaving
- National Association of Counties  
(NACO) – **Alternate**       Annual     Assuming     Leaving
- National Association of Counties (NACO)  
Western Interstate Region – **Alternate**       Annual     Assuming     Leaving
- Rural County Representatives of California (formarly - Regional Council of Rural Counties)  
(RCRC) – **Alternate**       Annual     Assuming     Leaving
- Sierra Economic Development Corporation (SEDCorp) (SPO)  
**Board Member**       Annual     Assuming     Leaving
- ✓ Solid Waste Independent Hearing Panel  
**Board Member**       Annual     Assuming     Leaving
- Tahoe Air Basin - **Board Member**       Annual     Assuming     Leaving
- Tahoe Conservancy – **Alternate**       Annual     Assuming     Leaving
- Tahoe Regional Planning Agency (TRPA)  
**Alternate**       Annual     Assuming     Leaving
- Tahoe Transportation District - **Board Member**       Annual     Assuming     Leaving
- Tribal County Advisory Committee  
**Board Member**       Annual     Assuming     Leaving
- Truckee Tahoe Airport Land Use Commission  
**Board Member**       Annual     Assuming     Leaving













**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  
 Jennifer Montgomery

▶ 1. BUSINESS ENTITY OR TRUST

Montgomery Moyer Trust  
 Name  
 POB 747 8318 Cascade Rd SodaSprings CA 95728  
 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

Montgomery Moyer Trust  
 Name  
 POB 747 8318 Cascade Rd SodaSprings CA 95728  
 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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ 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

004-211-040

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
 Lots 11 & 12 Sec 19 T18S R20E (Kings County)

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

038-135-34

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
 Lot 27, 28, & 29 Block 26 Kettleman City SUB #5 (Kings County)

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  
 Jennifer Montgomery

**▶ 1. BUSINESS ENTITY OR TRUST**

Montgomery Moyer Trust  
 Name  
 POB 747 8318 Cascade Rd SodaSprings CA 95728  
 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

008-071-02

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
 Lot 7 Block 29 Sec 26, 27, & 33 T28N R4W (Tehama County)

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

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input checked="" type="checkbox"/> \$2,000 - \$10,000		____/____/13	____/____/13
<input 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 \_\_\_\_\_ 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:

<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

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

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

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

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

## SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
<u>Jennifer Montgomery</u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Domus Development

ADDRESS *(Business Address Acceptable)*  
594 Howard St. Ste 204, S.F., CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Green Building Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 29 / 13</u>	<u>\$ 66.00</u>	<u>Ticket to Award Gala</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Boys and Girls Club of Placer County

ADDRESS *(Business Address Acceptable)*  
679 Lincoln Way, Auburn, CA 95603

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Youth Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 08 / 13</u>	<u>\$ 70.00</u>	<u>Two Tickets to 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>

▶ 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>

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