

STATEMENT OF ECONOMIC INTERESTS

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
O'Banion Jerald "Jerry" R.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Merced County
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Supervisor, District Five

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

Agency: See Attached Position: See Attached

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Merced
- 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 _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 9

- 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

5. [Redacted]

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 information

Date Signed 2/3/14
(month, day, year)

**Jerald "Jerry" O'Banion, District Five
Merced County Board of Supervisors**

Statement of Economic Interests – Form 700 (2013/2014)

EXPANDED STATEMENT

<u>Agency</u>	<u>Position</u>
Local Agency Formation Commission (LAFCO)	Commission Member
Merced County Association of Governments (MCAG)	Commission Member
California Vanpool Authority (MCAG)	Commission Member
First 5 Merced County (Prop 10)	Commission Chairman
Tobacco Securitization Agency	Commission Member
Los Banos Redevelopment Oversight Committee	Committee Member
Treasury Oversight Committee	Committee Member
Other Post Employment Benefit Retirement Investment Trust Board (OPEB)	Board Member

**Jerald "Jerry" O'Banion, District Five
Merced County Board of Supervisors**

Statement of Economic Interests – Form 700 (2013/2014)

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Treasury Oversight Committee	Committee Member

Jerald "Jerry" R. O'Banion

Schedule B

Attachment #1

Interests in Real Property

<u>APN #</u>	<u>APN #</u>
001-060-03	073-390-003
001-060-04	073-390-008
001-060-05	078-200-027
001-110-14	085-060-003
001-110-022	085-060-009
001-120-03	085-060-010
001-120-05	085-070-001
001-120-07	085-070-025
001-120-08	085-160-006
001-140-04	085-160-009
001-140-05	085-160-010
003-100-04	085-230-005
003-100-08	085-260-002
003-100-19	085-260-003
003-110-27	085-270-020
003-110-28	085-370-008

Jerald "Jerry" R. O'Banion

Schedule B

Attachment #1 (Page 2)

Interests in Real Property

APN #

003-210-03

003-220-10

012-082-007

014-090-009

027-040-05

040-033-008

073-360-002

073-360-003

APN#

086-070-005

086-080-006

086-080-007

088-040-012

088-040-014

088-070-052

088-070-092

088-090-001

089-090-006

SCHEDULE D
Income – Gifts

Name

Jerald "Jerry" O'Banion

▶ NAME OF SOURCE *(Not an Acronym)*
 Bellevue North LLC

ADDRESS *(Business Address Acceptable)*
 923 Pacheco Blvd., Los Banos, CA 93635

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business/Pleasure Trip to San Francisco, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 11 / 2013	\$ 70.00	Trip
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____