

FILED

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

CALAVERAS COUNTY
BOARD OF SUPERVISORS
BY: [Signature]

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ponte Debbie L

1. Office, Agency, or Court

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

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Calaveras Council of Governments (CCOG) Position: council member

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of Calaveras
 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: _____
 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
I certify under penalty of perjury under the laws of the State of California

Date Signed 3-31-14
(month, day, year)

California Form 700 – attachment

March 31, 2014

Debbie Ponte – Supervisor, Calaveras County

Additional Positions:

Member, Fish & Game Commission – Calaveras County

Member – Motherlode Valley Emergency Medical Services Association

Alternate Member, Local Area Formation Commission

Alternate Member, First 5 Commission – Calaveras County

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Ponte, Debbie

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
920 Purdy Rd

CITY
Angels Camp CA

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
Maria & Jesus Ortega

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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 _____ % None TERM (Months/Years) _____

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 _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____