

COVER PAGE

APR 04 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) (if)
PUCCI RICK KAMMI FOOTE, CLERK
BY DEPUTY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
INYO COUNTY
Division, Board, Department, District, if applicable
BOARD OF SUPERVISORS
Your Position
SUPERVISOR 3RD DISTRICT

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

Agency: SEE ATTACHED LIST Position:

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 11 PM 12:49

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.
-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 2014 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 [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the information

Date Signed 4-1-14
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
EXPANDED STATEMENT LIST

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Rick Pucci

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
Indian Gaming LCB Committee	Member-County Supervisor 3	County of Inyo	Annual	01/01/13 - 12/31/13
LAFCO	Member-County Supervisor 3	County of Inyo	Annual	01/01/13 - 12/31/13

SCHEDULE D
Income – Gifts

Name
 Rick Pucci

▶ NAME OF SOURCE *(Not an Acronym)*
 18th Agricultural District (Fair)

ADDRESS *(Business Address Acceptable)*
 P.O. Box 608 Bishop Ca 93515

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 County Fair (County of Inyo is a participant)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 29 / 13	\$ 30.00	1-5 day pass
08 / 29 / 13	\$ 30.00	1-5 day pass
___ / ___ / ___	\$ _____	_____

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

Comments: _____

COVER PAGE

Filed Date: 03/28/2014 06:05 PM
SAN: 011400058-STH-0058

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Pucci Rick

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

Supervisor 3rd District

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

Agency: SEE ATTACHED LIST Position:

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

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(Check one)
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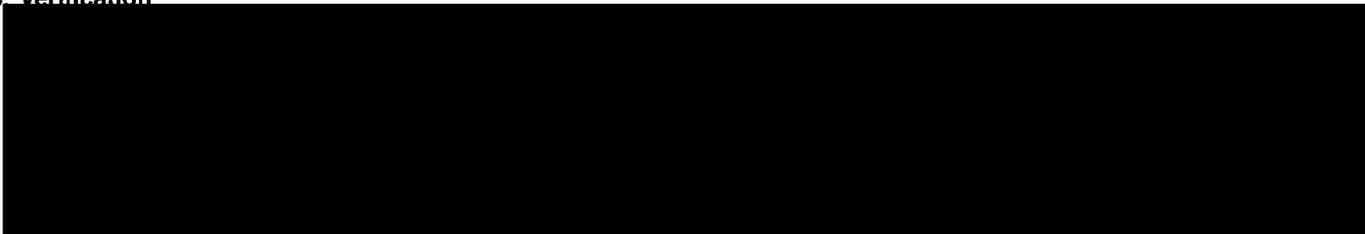
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- Schedule D - Income - Gifts - schedule attached
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-or-

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 03/28/2014 06:05 PM
(month, day, year)

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**SCHEDULE D
 Income – Gifts**

Name
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Comments: _____