

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

Julie Rodewald

NAME OF FILER (LAST) (FIRST) MIDDLE
Ray Caren Bridget
MIDDLE: DEPUTY CLERK

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of San Luis Obispo

Division, Board, Department, District, if applicable

Board of Supervisors, District 4

Your Position

Supervisor

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

Agency: See attached

Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 10 AM 11:07

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

State

Multi-County _____

City of _____

Judge or Court Commissioner (Statewide Jurisdiction)

County of San Luis Obispo

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 10 / 04 / 2013

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: 2

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 area]

herein and in any attached schedules is true and complete. I acknowledge this is a

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

Date Signed 03/06/2014
(month, day, year)

Signature _____

Section 1 Additional Agency(ies)/Position(s) for Ray, Caren:

Agency	Division, Board, Department, District	Position
County of San Luis Obispo	Air Pollution Control District	District Director
County of San Luis Obispo	Local Agency Formation Commission	Board Member
County of San Luis Obispo	San Luis Obispo Council of Governments (SLOCOG)	Board Member
County of San Luis Obispo	San Luis Obispo Regional Transit Authority (SLORTA)	Board Member
County of San Luis Obispo	Integrated Waste Management	Board Member

SCHEDULE D
Income – Gifts

▶ **NAME OF SOURCE (Not an Acronym)**
 California League of Cities

ADDRESS (Business Address Acceptable)
 1400 K Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Sacramento CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 13	\$ 48	lunch
06 / 14 / 13	\$ 30	lunch
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
 Pacific Gas and Electric

ADDRESS (Business Address Acceptable)
 1415 L Street, Suite 280

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 26 / 13	\$ 75	fair concert
06 / 28 / 13	\$ 27	lunch at Madonna Inn
09 / 01 / 13	\$ 260	Pops by the Sea

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

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

Filer's Verification

Print Name _____

Office, Agency or Court _____

Statement Type 2013/2014 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 03/06/2014
(month, day, year)

Filer's Signature _____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

Date Received
OCT 18 2013

JULIE L. RODEWALD COUNTY CLERK

Julie Rodewald
MIDDLE DEPUTY CLERK

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
2013 OCT 21 PM 2:01

Please type or print in ink.

NAME OF FILER (LAST) Ray (FIRST) Caren B

1. Office, Agency, or Court

Agency Name
County of San Luis Obispo
Division, Board, Department, District, if applicable
Board of Supervisors Your Position
Supervisor, District 4

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

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

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is 10 / 04 / 2013, through December 31, 2012.
- Assuming Office: Date assumed 10 / 04 / 2013
- Leaving Office: Date Left _____ / _____ / _____ (Check one)
- The period covered is January 1, 2012, 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 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

(c)(1)

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

Date Signed 10/16/13
(month, day, year)

(c)(1)
Signature _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Caren B Ray

▶ NAME OF BUSINESS ENTITY
Google, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Netflix, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
entertainment

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
02 / 08 / 13 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Tesla Motors

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
automobile maker

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
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 ACQUIRED DISPOSED

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 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

Comments: _____

