



STATEMENT OF ECONOMIC INTERESTS

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PRACTICES COMMISSION

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REGISTRAR OF VOTERS
SUTTER COUNTY

Please type or print in ink.

NAME OF FILER (LAST) SULLINGER (FIRST) RON (MIDDLE) 38

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SUTTER COUNTY

Division, Board, Department, District, if applicable

SUPERVISOR

Your Position

► 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 SUTTER
- 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 1, 14, 14

Leaving Office: Date Left 1, 14, 14
(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: 5

- 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 provided is true and correct.

Date Signed 2/13/14
(month, day, year)

**FORM 700 – ANNUAL STATEMENT
January 1, 2013 – December 31, 2013**

RON SULLENGER

Committee Member

Redevelopment Oversight Board – Live Oak
Sierra-Sacramento Valley EMS
Sutter County LAFCO
Sutter-Yuba Mental Health Advisory Board
Sutter-Yuba Substance Abuse Advisory Board

Committee Member - Alternate

Gilsizer Drainage District

ASSUMING OFFICE STATEMENT – DATE: JANUARY 14, 2014

Area 4 Agency on Aging, Board Member

LEAVING OFFICE STATEMENT – DATE: JANUARY 14, 2014

Feather River Air Quality Management District, Alternate Member

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

Name Ron Sullenger

▶ NAME OF BUSINESS ENTITY
TEVA

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

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 \$100,001 - \$1,000,000 Over \$1,000,000

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IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

Comments: _____

Name

RON SULLENGER

**SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements**

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
CHEVRON ENERGY SOLUTIONS

ADDRESS (Business Address Acceptable)
23 NEVADA

CITY AND STATE
IRVINE, CA 92606

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 11/19/13 - ____/____/____ AMT: \$ 97.66
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Attendance at a dinner during the CSAC Conference in San Jose, CA

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____