



RECEIVED
COVER POLITICAL
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) Walsh (FIRST) Hubert "Hub" Jr. (MIDDLE)

2014 MAR 25 PM 1:36

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 Two

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

Agency: See Attached Position: _____

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: 6
- 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. 

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 foregoing is true and correct.

Date Signed 3/21/14
(month, day, year)

**Hubert "Hub" Walsh, Jr., District Two
Merced County Board of Supervisors**

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

EXPANDED STATEMENT

Agency – Merced County Association of Governments (MCAG)

Agency – Regional Council of Rural Counties (RCRC) (Alternate)

Agency – CRHMFA Homebuyers Fund (CHF) Board of Directors (Alternate)

Agency – California Supervisors Association of Counties (CSAC) (Primary)

Agency – National Association of Counties (NACo) (Primary)

**Agency – Commerce, Aviation and Economic Development Revolving Loan
Fund Board (Alternate)**

Agency – Workforce Investment Board

Agency – San Joaquin Valley Unified Air Pollution Control Board (Primary)

Agency – Redevelopment Oversight Board – Merced

**SCHEDULE A-1
Investments**

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hubert "Hub" Walsh Jr.

▶ NAME OF BUSINESS ENTITY
Pacific Gas & Electric (PG&E)

GENERAL DESCRIPTION OF THIS BUSINESS
Public Utility

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

▶ NAME OF BUSINESS ENTITY
American Capital/Van Kampen

GENERAL DESCRIPTION OF THIS BUSINESS
Mutual Fund

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 Mutual Fund
(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

▶ NAME OF BUSINESS ENTITY
(UBS) Portfolio

GENERAL DESCRIPTION OF THIS BUSINESS
Money Market/Mutual Funds

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 Money Market/Mutual Fund
(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

▶ NAME OF BUSINESS ENTITY
New World Farmer's Insurance

GENERAL DESCRIPTION OF THIS BUSINESS
Life Insurance/Money Market Investment

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 Life Insurance
(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

▶ NAME OF BUSINESS ENTITY
Merced Co. PEBSCO Deferred Comp. Act

GENERAL DESCRIPTION OF THIS BUSINESS
Deferred Comp/Mutual Fund (Nationwide)

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 Mutual Fund
(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

▶ NAME OF BUSINESS ENTITY
Allianz Life Insurance Co.

GENERAL DESCRIPTION OF THIS BUSINESS
Tax Shelter Annuity

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 TSA (Spouse)
(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

Comments: _____

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name Hubert "Hub" Walsh Jr.</p>

▶ NAME OF BUSINESS ENTITY
American Funds

GENERAL DESCRIPTION OF THIS BUSINESS
Tax Shelter Annuity

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 **TSA (Spouse)**
(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

▶ NAME OF BUSINESS ENTITY

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:
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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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NATURE OF INVESTMENT
 Stock Other
(Describe)
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IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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(Describe)
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 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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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

▶ NAME OF BUSINESS ENTITY

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

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Hubert "Hub" Walsh Jr.

▶ NAME OF SOURCE (Not an Acronym)
 Calif. Supervisors Assoc. of Counties CSAC

ADDRESS (Business Address Acceptable)
 1100 K Street, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 County Government Advocacy Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 19 / 13	\$ 150.00	Hosted Dinner for
/ /	\$	CSAC Board Annual
/ /	\$	Conference

▶ NAME OF SOURCE (Not an Acronym)
 Gallo Farms

ADDRESS (Business Address Acceptable)
 18000 W. Roner Road, Livingston, CA 95334

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Farming Operations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 13	\$ 30.00	Assorted Cheese Box
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Calif. Supervisors Assoc. of Counties (CSAC)

ADDRESS (Business Address Acceptable)
 1100 K Street, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 County Government Advocacy Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 13	\$ 120.00	Reception @ NACO
03 / 04 / 13	\$ 100.00	Reception @ NACO
/ /	\$	Leg. Conference

▶ NAME OF SOURCE (Not an Acronym)
 RCRC

ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1650

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for Rural Calif. Counties

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 13	\$ 17.17	Travel & Meals
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Merced California Women for Agriculture

ADDRESS (Business Address Acceptable)
 6049 S. Lone Tree Road, Merced, CA 95340

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Ag. Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 13	\$ 70.00	Lunch & donated Farm
/ /	\$	Products Ag. related
/ /	\$	items.

▶ NAME OF SOURCE (Not an Acronym)
 Nationwide Financial

ADDRESS (Business Address Acceptable)
 1000 Nationwide Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Columbus, OH 43215

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 13	\$ 100.00	Dinner @ NACO
/ /	\$	Annual Conference
/ /	\$	

Comments: _____

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)
Leadership for Healthy Communities
 ADDRESS (Business Address Acceptable)
1300 L Street, NW Suite 975
 CITY AND STATE
Washington, DC 20005
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Childhood Obesity Conference
 DATE(S): 09 / 29 / 13 - 10 / 01 / 13 AMT: \$ 1,060.09
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Travel Reimbursement for attendance at conference in Philadelphia PA

▶ 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: _____