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TEHAMA COUNTY CLERK OF THE BOARD OF SUPERVISORS

COVER PAGE  
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Please type or print in ink.

NAME OF FILER (LAST) Williams (FIRST) Robert (MIDDLE) A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Tehama County Supervisor  
Division, Board, Department, District, if applicable Your Position  
District 4

► 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 Tehama
- 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."

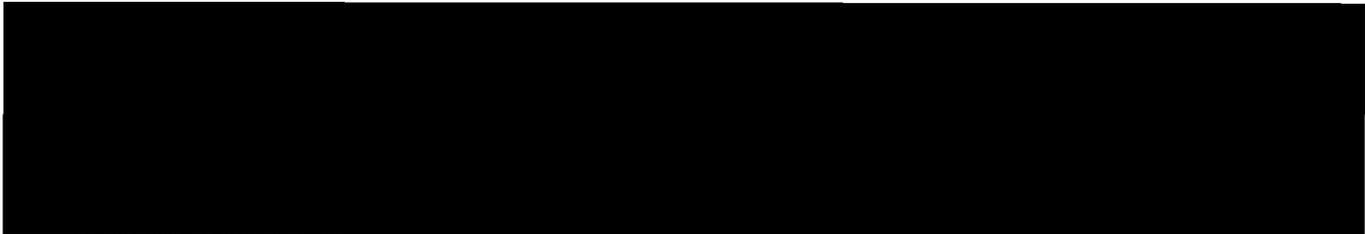
► Total number of pages including this cover page: 9

- 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. Verification



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

Date Signed 2/18/14  
(month, day, year)

**SCHEDULE A-1  
Investments**

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

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Robert A. Williams</u>
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▶ NAME OF BUSINESS ENTITY  
AT&T

GENERAL DESCRIPTION OF THIS BUSINESS  
telephone communications

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  
KRAFT Foods

GENERAL DESCRIPTION OF THIS BUSINESS  
food manufacturing

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 Electric Power

GENERAL DESCRIPTION OF THIS BUSINESS  
power company

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  
Intel

GENERAL DESCRIPTION OF THIS BUSINESS  
computers

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  
First Niagara Financial

GENERAL DESCRIPTION OF THIS BUSINESS  
banking

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  
Mandela International Inc.

GENERAL DESCRIPTION OF THIS BUSINESS  
food manufacturing

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 B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Robert A. Williams

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
7697 Sherwood Blvd.

CITY  
Los Molinos, 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 11/13 DISPOSED 11/13

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
6071 Alameda Rd.

CITY  
Corning, 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 11/13 DISPOSED 11/13

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: \_\_\_\_\_





**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <i>Robert A. Williams</i>

▶ 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)
___/___/___	\$ <i>N/A</i>	
___/___/___	\$ _____	
___/___/___	\$ _____	

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

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

Comments: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Robert A. Williams</u>
--

- 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)  
RCRC

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

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Rural Counties Superiors Assoc.

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 2621.<sup>62</sup>  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, lodging & meal expenses (Board of Directors)

▶ NAME OF SOURCE (Not an Acronym)  
NoRTEC

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 576.<sup>17</sup>  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel & stipend (Board of Directors)

▶ NAME OF SOURCE (Not an Acronym)  
CSAC

ADDRESS (Business Address Acceptable)

CITY AND STATE  
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
State County Superiors Assoc.

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 1226.<sup>86</sup>  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, lodging & meal expenses. (Board of Directors, Executive Committee)

▶ NAME OF SOURCE (Not an Acronym)  
CSAC

ADDRESS (Business Address Acceptable)

CITY AND STATE  
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
State County Superiors Assoc.

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 50.<sup>00</sup>  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Executive Committee briefcase appreciation

Comments: \_\_\_\_\_

2013/2014 Supervisor Robert (Bob) Williams Comm/Comm List

Committee/Commission/Special District	Position	
Indian Gaming Benefit Committee	Board Member	
LAFCO	Board Member	
T.C. / RB Landfill Management Agency	Director	
Thomes Creek Water District	Treasurer	
T.C. Transportation Commission	Board Member	
Transit Agency Board	Board Member	
TC Interagency Coordinating Council	Alt Member	
Treasury Oversight Committee	Member	
Flood Control & Water Conservation District	Director	
Sanitation District #1	Director	